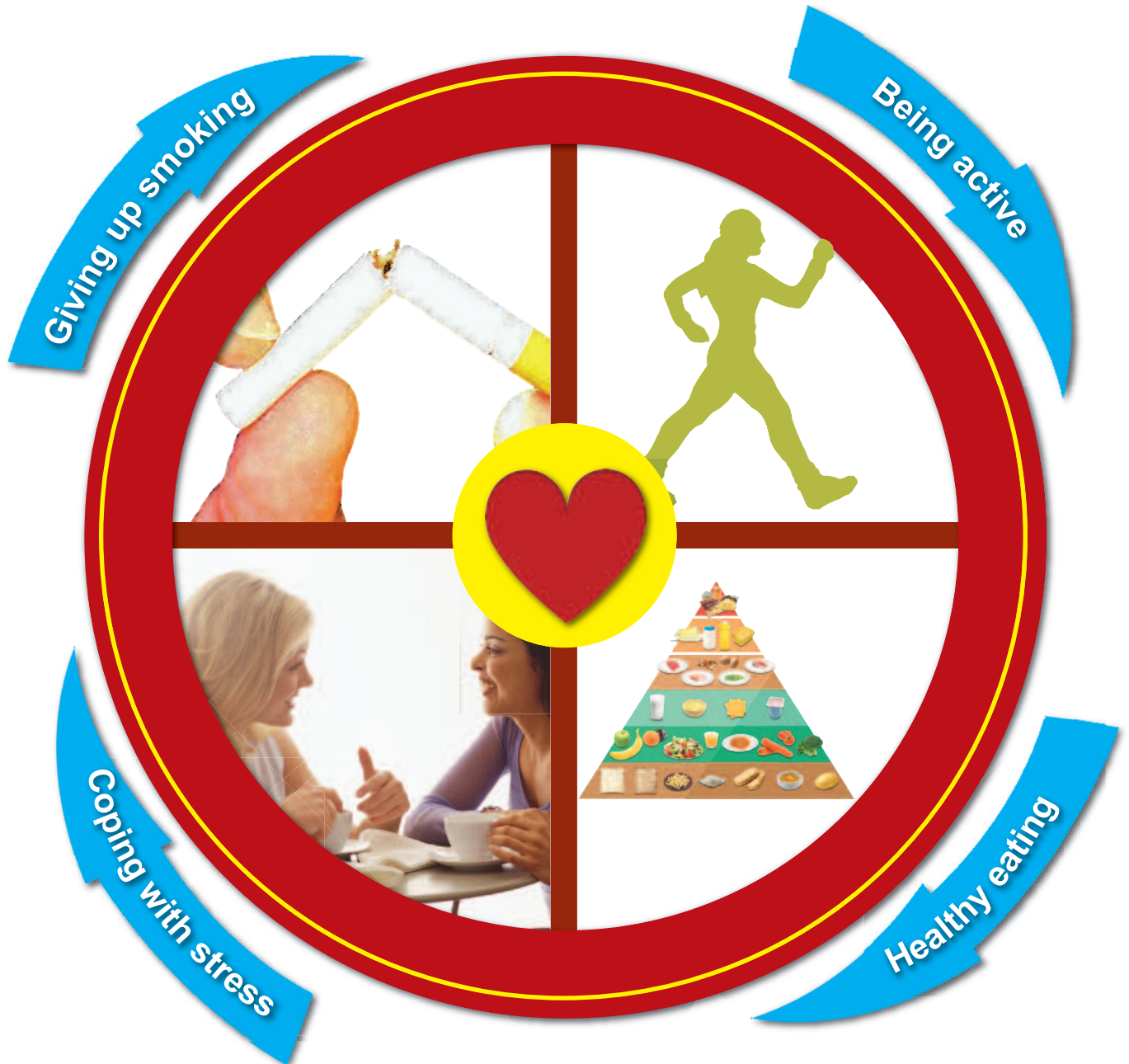


Small Changes - Big Difference



**Traveller Preventative Education Programme
for Heart Disease and Diabetes**

Training Manual

Acknowledgements

Small Changes – Big Difference is the result of the cooperation of many people in Ireland, including:

- Traveller Primary Health Care Projects;
- The Traveller Community;
- Health Service Executive Staff;
- Members of the HSE Traveller Health Advisory Forum & the Chronic Conditions Subgroup; and
- Individuals and Agencies who provided support, expertise, information and materials.

A particular word of thanks goes to the Traveller Community Health Workers and Primary Health Care Programme Co-ordinators who worked to pilot the sessions with the Traveller community. Your feedback and input added greatly to the final documents.

Thank you to NALA (National Adult Literacy Agency) who worked with us to make sure the documents are easy to read and gave Small Changes – Big Difference the Plain English Mark.

Mary Syron
Chair, Chronic Conditions Subgroup
April 2016

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Foreword

The available data on Irish Travellers shows that they experience a level of health that is far worse than that enjoyed by the general population. The All-Ireland Traveller Health Study (2010) emphasises the need for a concerted effort to address long-term diseases. These diseases are recognised as being a major health challenge in Ireland.

The importance of a culturally appropriate programme to begin to address, in particular diabetes and cardiovascular disease, needs special attention. This is why this educational programme has been developed.

The programme has been developed in partnership with the Traveller community through many of the Primary Health Care programmes across the country. This makes it acceptable to and accessible by the Traveller community.

The programme is in line with best practice in national policy. It will make a positive contribution to improving the health and well-being of the Traveller community into the future.

This programme has also been endorsed as an excellent resource by the HSE National Clinical Programme for Diabetes.

Small changes can help people to reduce their health risks and make a big difference to their quality of life. The HSE is committed to addressing inequalities in health outcomes. It is doing this by writing educational materials in plain English and consulting about them with the community.

I would like to place on record my thanks to all those who contributed to the development of this educational programme in many different ways. The time and commitment, willingly given, have made sure that this programme is designed to address the risks to the health of the Traveller community. This will help people in the community to enjoy the best possible health and well-being.

I welcome this resource and am committed to ensuring it is used throughout HSE services working with the Traveller community.

John Hennessy

National Director: Primary Care, Health Service Executive

Background and rationale

The purpose of the Small Changes – Big Difference programme is to address the health inequalities in the Traveller community identified in the All Ireland Traveller Health Study (2010). The focus is on the risk of:

- heart disease; and
- type 2 diabetes.

In early 2012, the Traveller Health Advisory Forum set up a Chronic Disease Subgroup. The subgroup conducted a review of documents including:

- the All Ireland Traveller Health Study (2010);
- the Galway Study (Slattery et al 2011); and
- Department of Health and Health Service Executive documents about chronic disease (long-term disease) management.

The subgroup searched nationally to identify initiatives:

- tackling weight;
- promoting exercise;
- advising about nutrition; and
- reducing stress.

As a culturally appropriate programme did not exist, it was agreed to develop a new Traveller-specific resource. It needed to be designed so that Community Health Workers (CHWs) could deliver it with support and mentoring from Primary Health Care Co-ordinators (PHCCs) in Ireland.

Development and pilot programmes

It was agreed that the programme should include short sessions suitable for delivery to groups of adult Travellers on:

- physical activity;
- coping with stress;
- smoking; and
- nutrition.

These four topics are based on the key national health promotion messages. Draft sessions were developed and pilot programmes held in late 2013 by Traveller Primary Health Care Projects in:

- West Limerick;
- Galway City;
- Tuam;
- Southeast Galway;
- Donegal;
- Navan; and
- Pavee Point.

Some 125 Travellers took part –116 females and nine males.

Recruitment to the pilot sessions was by word of mouth. Community Health Workers also did significant promotion at local level to make sure enough people attended and took part.

Overall, feedback from the participants was very favourable. Those who took part were receptive and interested in the topics and there were some good discussions.

Chronic Disease Subgroup

In early 2014, representatives of the Chronic Disease Subgroup met the staff that had put the pilot sessions in place. More primary healthcare pilot projects were held in 2014.

The continuous feedback, suggestions for changes and support from these pilot programmes have all contributed to this final resource.

Target

Small Changes – Big Difference is aimed at Travellers who are over 18 years of age and:

- who are at risk of heart disease or type 2 diabetes; or
- others who might find the programme useful.

Assumptions

For Small Changes – Big Difference to work, the following should be true.

1. Useful

The Stages of Change model is useful as a tool in the sessions to support people making changes.

2. Interested participants

We need to make sure those planning to take part are interested in the course and want to be at the sessions. They must be at least in the 'pre-contemplation' stage of change (thinking about change).

3. Willing and able

Those taking part in the course need to be willing to learn independently.

4. Willing to change

Those taking part must be willing to develop realistic and achievable changes that are relevant to their own and their family's circumstances.

5. Facilitators

Community Health Workers must be prepared, able and willing to facilitate the sessions.

6. Non-judgemental

Those running the sessions should be non-judgemental, and respectful to those taking part.

7. Literacy friendly

The sessions should be delivered in a way that people with literacy needs can follow. One way to achieve this is to be as visual as possible.

8. Smoking session requirements

The 'Smoking' session is open to all; smokers who are thinking about quitting, ex smokers and non smokers. Some participants may have tried to quit smoking before.



Small Changes – Big Difference is designed to be facilitated in groups by Traveller Community Health Workers (CHWs) who have skills and experience in the area of peer health promotion. Traveller CHWs are ideally placed to deliver these sessions. The involvement of Travellers in facilitation contributes to the non-judgemental approach that is an important aspect of promoting health.

Note: This is a preventative education programme. It is not designed to replace other diabetes education programmes but it does complement them. Other programmes include:

- Diabetes Education and Self Management for Ongoing and Newly Diagnosed (DESMOND);
- Community Oriented Diabetes Education (CODE); and
- X-PERT diabetes courses.

Small Changes – Big Difference, the full programme should take about 7 hours to complete with a group of up to 10 participants. It can be run over 4 sessions with the 'programme introduction and pre testing' added to the first session and the 'check in' used at the beginning of every subsequent session. Or, each session can be used on its own.

Small Changes – Big Difference: Details of sessions

Session title	Time required in minutes
Programme introduction and pre-testing	30
Being active	90
Healthy eating	120
Stopping smoking	90
Coping with stress	90

Getting started

Primary Health Care Programmes (PHCPs) need to adopt a team-based approach to facilitate Small Changes – Big Difference and can do this by:

- identifying the Facilitators and other roles;
- identifying who should recruit participants;
- promoting the course;
- welcoming people to the course;
- checking them in to the course; and
- giving out course material during the sessions.

The Primary Health Care Coordinators and Assistant Coordinators roles include:

- leadership,
- preparation and training,
- guidance,
- direction, and
- support before, during and after delivery.

Advertising and recruiting participants

The Small Changes – Big Difference programme can be promoted through family visits and word of mouth. Other ways of recruiting to the programme may involve working with local:

- General Practitioners (GPs),
- Practice Nurses,
- Designated Public Health Nurses (PHNs), and
- Primary Care Teams.

They could all refer people to your programme.

Selecting a venue and providing refreshments

Use a comfortable, Traveller friendly and easily accessible space. There should be enough room for some physical activity or for the group to break into smaller discussion groups. Consider providing healthy drinks and refreshments to reinforce the healthy lifestyles messages.

Preparing to facilitate

Community Health Workers will need training and support so they can deliver this course. Many of the Community Health Workers are educated from FETAC Level 3 to HETAC Level 6 and have many years' experience in peer health education. However, some have limited group facilitation skills. Certain essential skills are required within the Primary Health Care Programmes to facilitate this programme. These are detailed below.

Basic group work and facilitation skills

The Facilitator needs to be aware of individual needs within groups. This may include:

- literacy needs; or
- some people's previous negative experience of being in a group or educational setting.

The Facilitator needs to be flexible with the format of the session. If working with men, women or with younger people, you may want to vary how long certain parts of the session last.

Brief intervention skills

All sessions are underpinned by the principles of 'Brief intervention'. It is strongly recommended that, where possible, all Facilitators have completed and understand the 'Brief Intervention Training' before delivering the sessions.

Be familiar with the content of the pack

Included in the sessions are examples of text that Facilitators can use when delivering the course to the group. This text is for guidance only. Facilitators will reword the guidance text to suit their own style and situation. The important task of the Facilitators is to **give clear, concise instructions and information to the participants.**

Identify how many sessions your PHCP is going to facilitate

If you are planning to use all four sessions, begin with the 'Programme Introduction and Pre-testing'. It takes about 30 minutes to deliver, so you will need to allow extra time for this. After that begin each session with the 'Check in' and allow five minutes extra.

If you are planning to use only one session, consider using some of the information from the programme introduction.



Essential reading

Each session identifies essential reading to help the Community Health Workers to prepare.

Organise and prepare required resources

Photocopying

You can photocopy the resources in the pack, laminate and reuse them to reduce costs.

Prepare in advance

The Facilitator will need to prepare other resources like the local contacts list in advance, or there may already be a local resource that you can refer to.

Culturally appropriate materials

You need to source all materials either locally or from other relevant sources which are culturally appropriate. For each session, you need to select material in advance to support the Facilitators to feel comfortable.

Training in how to use resources is essential

For the programme to be successful, it is important that the Primary Health Care Coordinators provide training on how to use the resources. These include showing people how to accurately use a measuring tape. This will make Community Health Workers feel more confident in demonstrating activities and in helping those taking part. In the preparation, coordinators should sign off on skills and competencies in these areas.

Prepare to evaluate

Evaluation is a very important aspect of the programme. It provides useful information from those taking part and from Facilitators.

Evaluation identifies:

- how those taking part viewed the programme; and
- what has worked with groups and individuals and what hasn't.

For those taking part, evaluation increases their confidence and encourages them to continue. It also allows them to see the changes that happen for themselves no matter how small they may be.

Evaluation also:

- identifies areas where Facilitators may need to make changes so that the programme works better for those taking part in the future;
- provides feedback for managers and funders of the programme; and
- provides evidence of work done.

The programme recommends a number of ways to evaluate. Facilitators should use the option that best suits the group you are working with:

Resource 1 is an individual pre and post record for the participants, which will show where people are before they participate in the first session, after the last session and after a follow up contact or visit in 3 to 6 months.

Resource 8 combines a personal action plan and session evaluation form that can be used at the end of each session

Alternatively, there are many types of simple closing exercises that you may be familiar with which help to name what has been achieved in the session and support the group, the individual participants and the facilitators to end a session on a positive note.

Programme introduction: Outline and pre-testing session

Programme introduction: Outline and pre-testing session

Overall aim of session

Introduce the programme.

Learning outcomes

Participants will:

1. Know why the programme has been developed and what it is about.
2. Know what sessions are included and what arrangements are in place.
3. Have a realistic baseline, from which they can support individual change

What is needed for this session?

Resources	Resources 1, 2 and 4 Also, select 1 or 2 of the following resources depending on the group.
Pens <input type="checkbox"/>	Resource 5: Instructions to measure your waist and disposable tapes <input type="checkbox"/>
Flipchart <input type="checkbox"/>	Resource 6: WHO Well-being Index forms <input type="checkbox"/>
Flipchart markers <input type="checkbox"/>	Resource 7: Diabetes – Know the score <input type="checkbox"/>

Resource 1 - see page 2 of Resource manual

Resource 2 - see page 4 of Resource manual

Resource 3 - see page 7 of Resource manual

Resource 4 - see page 9 of Resource manual

Resource 5 - see page 12 of Resource manual

Resource 6 - see page 13 of Resource manual

Resource 7 - see page 15 of Resource manual

Facilitator notes:



= you are talking to the participants



= the participants are listening to you



= you are carrying out an action/doing something



= the facilitator Tip is to alert you that there is something Special to watch out for here

Programme introduction

Time 10 minutes

What is needed for this section of the programme?

- **Resource 2:** Information on high risk factors. ☐
- **Resource 4:** Definitions of and evidence of heart disease, type 2 diabetes and insulin. ☐

What will the Facilitator say or do?

 **Say:**

Welcome and our names are...

This programme is designed to share information with you on how to make small changes to prevent:

- heart disease; and
- type 2 diabetes.

This is because we know that Travellers have high risk factors for these conditions.

Resource 2, Resource 4

What will the participants do?

 Listen.

Group introduction

Time 5 minutes

What is needed for this section of the programme? You don't need anything.

What will the Facilitator say or do?

 **Say:**

Before we start we will spend a few minutes getting to know each other.

 **Do:**

Ask those taking part to share first names and one other fact about themselves. (Leave this out if you are working with an existing group.)





What will the participants do?

 Introduce themselves.



Programme plan

Time 5 minutes

What is needed? You don't need anything.	
What will the Facilitator say or do?	What will the participants do?
<p> Say:</p> <p>Small Changes – Big Difference has 4 sessions:</p> <ol style="list-style-type: none">1. Being active2. Healthy eating3. Stopping smoking4. Coping with stress <p>Each session will last between 90 to 120 minutes</p> <p> Do:</p> <p>Give local Information on:</p> <ul style="list-style-type: none">• where,• when, and• at what time sessions will take place. <p> Facilitator tip:</p> <p>Only give information on the content you are using.</p>	<p> Listen.</p>

Pre testing

Time 10 minutes

What is needed?

- Resource 1: Individual Pre- and post record. ☐
- Resource 5: Instructions to measure your waist. ☐
- Disposable tapes. ☐
- Resource 6: WHO Well-being Index forms. ☐
- Resource 7: Diabetes: Know the Score. ☐
- Pens. ☐

What will the Facilitator say or do?

Say:

During all of the sessions we will work together to find out more about reducing our risks and identifying small changes. To make changes you need to know where you are now.

Today we will start with (the pre-test you have chosen to use for the group).

Do:

If you are using the waist measurement:

- demonstrate how to measure.
(Resource 5)

If you are using the 'Well-being Index **(Resource 6)** or the 'Diabetes: Know Your Score' **(Resource 7)**:

- describe the resource to the group;
- offer help with reading the information; and
- give everyone a pre and post record **(Resource 1)** and offer help with reading and completing after they have completed the pre-test.

What will the participants do?

 Listen.

End of Introduction and Pre testing



Check in

Check-in is a vital part of multi-session training as it helps those taking part to:

- relax;
- talk to each other; and
- report changes and successes.

It should be used for all sessions **except** the first session.

You don't need anything for the check-in.

What will the Facilitator say or do?


 **Say:**

Talk to the person next to you.

- How have you got on in the last week?
- Have you made any changes, big or small?

Don't worry if you haven't made any changes, you are here now, learning more about how you can make the changes you might want to make and that's great. Share some of their experiences in pairs.

What will the participants do?

 Share some of their experiences in pairs.



Being active



Introduction

Diabetes and heart disease are very common conditions in Ireland. Diabetes happens when your body is no longer able to control the sugar (also called glucose) levels in your blood.

A study carried out in Galway found that Travellers were at a high risk of developing type 2 diabetes and heart disease. As a result of this we have put together this session, which will help you learn how you can make small changes and reduce your risk of developing diabetes and heart disease.

Today's information session is on physical activity and being active.

Essential reading

Get Ireland Active, Promoting Physical Activity in Ireland

<http://www.getirelandactive.ie/content/wp-content/uploads/2011/12/Get-Ireland-Active-Guidelines-GIA.pdf>

Overall aim of session

The aim of this session is to talk about the benefits of adopting and maintaining a physically active lifestyle so that participants can cut their risk of developing type 2 diabetes or heart disease.

Learning outcomes

By the end of the session participants should be able to:

1. Understand what we mean by 'being physically active'.
2. Know how active they need to be to look after their health and well-being.
3. Understand more about the benefits of regular physical activity.
4. Describe how ready they are to make changes so that they are more physically active.
5. Describe one small positive change they are ready to make. This means they would be ready to change their:
 - interests,
 - needs, and
 - situation.

What is needed for this programme?				
Flipchart <input type="checkbox"/>	Flipchart page with learning outcomes <input type="checkbox"/>	Stopwatch <input type="checkbox"/>	Resources 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/>	<ul style="list-style-type: none"> • Local directory of services; <input type="checkbox"/> <p>Or</p> <ul style="list-style-type: none"> • Local list of useful <input type="checkbox"/> • Easy to read relevant leaflets <input type="checkbox"/>
Flipchart markers <input type="checkbox"/>		Active game equipment if you are using <input type="checkbox"/>		
Pens <input type="checkbox"/>		Model of the heart (optional) <input type="checkbox"/> Three sheets of card with: <ul style="list-style-type: none"> • 'Agree' • 'Disagree' • 'Don't know' clearly written on them <input type="checkbox"/> 		

Resource 8 - see page 16 of Resource manual





Resource 9 - see page 17 of Resource manual

Resource 10 - see page 18 of Resource manual

Resource 11 - see page 21 of Resource manual

1. Outline of the learning outcomes

Time 2 minutes

What is needed?	
<ul style="list-style-type: none">• Flipchart page with learning outcomes –	
What will the Facilitator say or do?	What will the participants do?
<p> Say: In today's session we are talking about being physically active to cut our risk of having type 2 diabetes or heart disease.</p> <p> Do: Refer to flipchart page with learning outcomes.</p> <p> Say: We hope that by the end of the session, you will:</p> <ul style="list-style-type: none">• Understand what being active means.• Know how active you need to be to look after your health and well-being.• Understand more about the benefits of regular physical activity.• Know how ready you are to make changes to be more physically active.• Have a realistic action plan to make one small positive change.	<p> Listen.</p>

2. Opening discussion on topic or most important message

Time 10 minutes

What is needed?

- **Resource 9:** List of examples of physical activity that Facilitators can refer to. ☐

What will the Facilitator say or do?

Say:

Physical activity is any body movement that works your muscles and uses more energy than you use when you are resting.

For good health adults need to be:

- moderately active for 30 minutes a day five days a week 150 minutes a week; or
- vigorously or strongly active for 75 minutes a week.

Adults also need to do muscle-strengthening activities two or more days a week.

Do:


Give examples – use list of examples from Resource 9 to help.

When you are **moderately active**, you have an increased breathing and heart rate, but you are still able to carry on a conversation. You are warm or sweating slightly and you are moving at a comfortable pace.

When you are **vigorously active**, you are breathing heavily, cannot keep a conversation going and are sweating. You are concentrating hard and your heart rate is faster.

What will the participants do?


 Listen

 Share their ideas as a group








2. Opening discussion on topic or most important message

Time 10 minutes

<p>You don't have to do all your activities in a day in one go, but you need to be active for at least 10 minutes each time for it to count.</p> <ul style="list-style-type: none">• Can you give examples of physical activity that you and other adults do? <p> Do:</p> <ul style="list-style-type: none">• Encourage people to give ideas and refer to the list of examples of physical activity if you need to.• Encourage people to think about if their examples are moderate or vigorous.• Encourage people to think of examples of how they can fit physical activity into everyday life.	<div data-bbox="874 1115 1093 1160">End of topic 2</div>
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3. Experiential activity related to being active



Time 18 minutes

What is needed?			
• (see right-hand column)			
What will the Facilitator say or do?	What will the participants do?	Time	What is needed?
 Do: Show people how to take their pulse – at neck or wrist.  Say: Everyone take your pulse for one minute.	<ul style="list-style-type: none"> • Listen to and watch the Facilitator. • Take their pulse 	2 mins	A stopwatch <input type="checkbox"/>
 Do: <ul style="list-style-type: none"> • Play an active game; or • ask people to walk around the room briskly for 3-5 minutes. 	<ul style="list-style-type: none"> • Follow the instructions of the Facilitator. 	7 mins	Depends on activity chosen. <input type="checkbox"/>
 Say: Everyone take your pulse for one minute. <ul style="list-style-type: none"> • What difference do you notice?  Say: In this exercise you got a chance to notice how active you were. <ul style="list-style-type: none"> • If you were able to talk and got a bit warm, you were doing moderate activity; and • if you were not able to talk and were sweating, you were doing vigorous activity. You also got to see how your heart rate increases when you are active. If you are doing moderate physical activity, your heart rate will be less than if you are doing vigorous physical activity.	<ul style="list-style-type: none"> • Take their pulse. • Say what they noticed between the two times they took their pulse. 	7 mins	A stopwatch <input type="checkbox"/>



3. Experiential activity related to being active

Time 18 minutes

 Do: Refer to heart model if you are using it.			
 Say: Remember 1. Some activity is better than no activity 2. Short bouts of activity during the day count, but you need to do at least 10 minutes at a time 3. Spread your activities throughout the week. 4. Add activities that make your muscles stronger 2 or 3 days per week. This would be doing things like: <ul style="list-style-type: none"> • lifting or carrying things; • climbing stairs; • hoovering; • using weights; or • doing step aerobics 5. For more health benefits, increase your activity from 30 minutes to 60 minutes of moderate activity 5 days a week. If you have any injuries or illnesses, it is important to talk to your GP before changing or increasing how active you are.	<ul style="list-style-type: none"> • Listen to the Facilitator. 	2 mins	Model of the heart – optional. <input type="checkbox"/>
			End of topic 3

4. Discussion on:

(1) benefits of being active; and (2) what stops us being active.

Time 20 minutes

What is needed?

- Three sheets of card with 'Agree'; 'Disagree'; and 'Don't know' clearly written on them. ☐
- **Resource 10:** 'Physical Activity Statements' ☐

What will the Facilitator say or do?

Say:

We are now going to think about what the benefits are of being physically active and what stops you being physically active.

Here in the room you see three pictures:

- 'Agree'
- 'Don't know'; and
- 'Disagree'.

Say:

I am going to read out some statements (Resource 10) and you go beside the picture that is closest to what you think.

Do:

After each statement, allow people time to go next to the picture that is closest to what they think. Then encourage them to share their ideas and to move if they change their minds. Use the information in Resource 10 to generate discussion.

What will the participants do?



Listen to the Facilitator.







Follow the Facilitator's instructions.

End of Topic 4








5. Exploration of where people are at in terms of 'readiness to change' – Stages of Change

Time 20 minutes

What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change' <input type="checkbox"/> 		
What will the Facilitator say or do?	What will the participants do?	Time
 Do: Put the 'Stages of Change' pictures on the floor (Resource 11) and explain them with examples.		10 mins
 Say: Can everyone go and stand where you think best describes where you are at now in terms of physical activity.	Participants stand on Stages of Change circle	10 mins
 Say: <ul style="list-style-type: none"> • What made you stand where you are now? • What does this exercise tell you? • Are you surprised by anything? • Does anyone else feel the same or differently? • How are you feeling about making a small change at the moment – and moving from where you are now? 	Resource 11 Remain standing.	
 Do: Encourage people to to share their ideas with the group – if they want to.		
End of Topic 5		

6. Thinking about making a change




Time 10 minutes

What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change' <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: Okay, just take one step to the next stage.</p> <ul style="list-style-type: none"> • If you are in the 'given-up' stage, what do you think might be the next stage for you? • Put yourself there. <p> Do:</p> <ul style="list-style-type: none"> • If there is no one at the 'given-up' stage don't talk about it. • Help the person if needed. <p> Say: If you are at the 'Keeping it up' stage, well done. You don't need to move anywhere since you feel that you are already active enough to mind your heart. Take a moment to feel what it is like to be where you are now:</p>	<p>Remain standing where they were at end of exercise 6.</p> <p>Resource 11</p>
<ul style="list-style-type: none"> • What is that like for you? • What is good about being here? • What is not so good? • If you would like to be in this new place, what small step or change could you take to get here? • What would stop you making these changes? • What do you need to do in order to start getting here? <p> Do: Encourage people to give ideas.</p> <p> Do: Invite participants to return to their chairs.</p>	<p>Answer the questions and join in the discussion.</p>
	<p>End of Topic 6</p>








7. Closing round with action planning

Time 10 minutes

<p>What is needed?</p> <ul style="list-style-type: none"> • Resource 8: Combined Personal Action Plan and Evaluation. <input type="checkbox"/> • Local contacts list. <input type="checkbox"/> • Easy to read relevant leaflets. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: Today we have talked about the need for adults to be active so as to mind their health. We talked about all the different ways we can be active. We saw how our heart gets stronger when we are active because it works harder. We talked about the benefits of being active and also what stops us being active. We looked at how active we are now and we thought of ways we can make small changes to be or stay active. Each of you has identified one small step or change you are going to make in the next 3-6 months.</p> <p> Do: Explain that you are passing around a:</p> <ul style="list-style-type: none"> • Combined Personal Action Plan and Evaluation – Resource 8, for people to fill in. <p> Say:</p> <ul style="list-style-type: none"> • This is not a test and you do not have to share your answers with the group. • On this sheet you will be able to mark the one small change you are hoping to make. • You can also sign up for more help or support if you need it. • Tick the box if you wish to have help from CHWs. 	<p>Give their opinions on the session if they wish.</p>

7. Closing round with action planning

Time 10 minutes

<ul style="list-style-type: none"> • If you do sign up for such support, we will make contact with you. • In the meantime, if you think you will need other support from us, we will provide you with our contact numbers. (That puts the onus back on participants.) <p>Agree date to meet.</p>	
<p> Do: Read out the questions aloud and help anyone who would like help with completing the form.</p> <p> Say:</p> <ul style="list-style-type: none"> • Many people when they are trying to make changes may need someone to help them such as a friend, family member or colleague (who will want you to achieve your goal). • Many people find having a goal to work towards motivates them to keep on track or achieve their goal. <p> Say: Information on local contacts is available to take away with you.</p> <p> Do: Thank everyone for taking part in the session.</p> <p> Facilitator note on follow up You need to be prepared to put arrangements in place to provide support if required by participants.</p>	<p>Fill out Resource 8</p>
	<p>End of topic 7</p>



Healthy eating



Introduction

Diabetes and heart disease are very common conditions in Ireland. Diabetes happens when your body is no longer able to control the sugar (also called glucose) levels in your blood.

A study carried out in Galway found that Travellers were at a high risk of developing type 2 diabetes and heart disease. As a result of this we have put together this session, which will help you learn how you can make small changes and reduce your risk of developing diabetes and heart disease.

Today's session is on healthy eating.

“Ireland continues to face obesity levels of epidemic proportions with six out of 10 adults being overweight or obese. This is more than the European average.”

– Professor Donal O'Shea, Consultant Physician in Endocrinology, Saint Vincent's Hospital, Dublin, 2014

Essential reading

'Your Guide to Healthy Eating Using the Food Pyramid' (New), <https://www.healthpromotion.ie/hp-files/docs/HPM00796.pdf> is the main resource you need for this session.

Facilitator notes

Facilitators must be familiar with the HSE Food Pyramid available at <https://www.healthpromotion.ie/hp-files/docs/HPM00796.pdf>

The healthy eating session will take 2 hours to complete so you may wish to deliver it over 2 sessions depending on the needs and interests of your group for example a session on sugars and salt or a session on fats and salt.

Links for useful documents

Link for 'Portion Control Plate' resource from Croí

<https://www.croi.ie/heart-health/dietary-tips-advice/portion-control>

Link for 'Guide to healthy shopping' card from Croí

<https://www.croi.ie/heart-health/dietary-tips-advice/understanding-food-labels>

Overall aim of session

The aim of this session is to promote healthy eating and raise awareness to reduce the risks of heart disease and type 2 diabetes.

Learning outcomes

By the end of this session participants should be able to:

1. Make informed choices regarding healthy eating;
2. Name foods that help to:
 - prevent high cholesterol,
 - maintain healthy blood pressure, and
 - manage weight;
3. Identify where they are at in relation to their willingness to change eating habits; and
4. Identify one small positive change they are ready to make. This means they are ready to change their:
 - interests,
 - needs, or
 - behaviour.

What is needed?					
Flipchart with learning outcomes <input type="checkbox"/>	Easy to read leaflets on healthy eating. <input type="checkbox"/>	Resources 8 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/>	At least 8 items from: Fats information Resource 12 <input type="checkbox"/>	At least 8 items from: Sugar information Resource 13 <input type="checkbox"/>	7 items from: Salt list Resource 14 <input type="checkbox"/>
Flipchart <input type="checkbox"/>	Large poster; or model of food pyramid; or both <input type="checkbox"/>		(Use empty packaging)	(Use empty packaging)	(Use empty packaging)
Sheets of card <input type="checkbox"/>				Please check the sugar exercise in advance as other items are required for demonstration purposes	
Markers <input type="checkbox"/>					
Pens <input type="checkbox"/>	Portion control plate (Croí) <input type="checkbox"/>				

Resource 8 - see page 16 of Resource manual

Resource 11 - see page 21 of Resource manual

Resource 12 - see page 30 of Resource manual

Resource 13 - see page 31 of Resource manual

Resource 14 - see page 37 of Resource manual

1. Outline of the learning outcomes

Time 5 minutes

What is needed?

- Flip chart page with learning outcomes. ☐

What will the Facilitator say or do?

Say:

Today we will be looking at what you eat and how it affects your:

- cholesterol,
- blood pressure,
- weight,
- type 2 diabetes, and
- your heart.

Do:

Refer to the flip chart.

Say:

By the end of this session you will be able to:

Make informed choices regarding healthy eating.

Name foods that will help you prevent high cholesterol, maintain healthy blood pressure and manage weight.

Know how ready you are to change your eating habits.

Identify one small change you can make.

Say:

If there are other things people are interested in that are not covered today, I will give you details on where to get more information on this at the end of the session.







What will the participants do?

 Listen.



2. Opening discussion on the topic and the most important message

Time 3 minutes






What is needed? <ul style="list-style-type: none"> • Easy to read leaflets on healthy eating. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: Having high blood pressure or a high blood sugar can lead to heart disease or stroke. We will be looking at where you are now and at some changes you can make in your eating habits that can help prevent this.</p> <p> Say: Having high cholesterol can block arteries and cause stroke or heart attack. The good news is that high cholesterol can be reduced and we will give you some tips today on how to reduce it.</p> <p> Do: Hold up and show some available easy to read leaflets to the group.</p> <p> Say: These leaflets will be here at the end of the session for you to take home.</p> <p> Say: Remember that the only way you will know your:</p> <ul style="list-style-type: none"> • blood sugar, • cholesterol, and • blood pressure <p>readings is by getting regular checks with your own doctor</p>	<p> Listen.</p>
	End of topic 2

3. Experiential activity on the food pyramid

Time 25 minutes

What is needed?

- HSE Food Pyramid poster printed to size A1 (594mm by 841mm or 23.4 inches by 33.1 inches). ☐
- Text to accompany Food Pyramid. ☐ Croí 'Portion control plate' ☐




What will the Facilitator say or do?	What will the participants do?	Time
 Do: Point out the Large Food Pyramid Poster and explain: <ul style="list-style-type: none"> • what it is; and • the recommended daily portions from each shelf. 	 Listen.	15 mins
 Do: Divide the group into pairs and ask each pair to have a short discussion about the food they ate yesterday from the food pyramid.	Discuss, in pairs, food eaten the previous day from the pyramid.	5 mins
 Do: Ask for feedback, questions or comments to the wider group from those who feel comfortable doing so. Use the food pyramid to demonstrate the feedback.  Do: Prompt the discussion with questions like 'are there any surprises?' Discuss portion size and plate size using the portion control plate to show what a dinner plate should look like.	Be actively involved in the feedback and discussion.	5 mins







4. Discussion on benefits and reasons for being aware of fat, sugar and salt content in foods.




Fats

Time 17 minutes

<p>What is needed?</p> <ul style="list-style-type: none"> • At least 8 items from the: Fats information Resource 12. <input type="checkbox"/> • Two sheets of Card per group with the following text: 'Good fats'; 'Bad fats'. <input type="checkbox"/> • Croí 'Guide to healthy shopping' cards. <input type="checkbox"/> <p>Facilitator tip:</p> <p>Remember that you can save empty, clean cartons and tubs for this activity and re-use them.</p> <p>Croí 'Guide to healthy shopping' cards are useful to circulate at end of all 3 exercises in this session.</p>		
What will the Facilitator say or do?	What will the participants do?	Time
<p> Say:</p> <p>Fats and oils are essential, but it is the type and amount of fat you eat that is important (Resource 12).</p> <p>Remember that all fats are high in calories and should be eaten sparingly. Fats can be mainly grouped into two types</p> <p>'Good' fats</p> <p>'Bad' fats.</p> <p>Some fats are good at protecting the heart by reducing the stickiness of the blood. This helps the heart beat more regularly and protects the arteries from damage. Other fats can increase your cholesterol and this causes arteries to block.</p> <p> Say</p> <p>We will do an activity on fats now.</p>	<p> Listen.</p>	2 mins

What will the Facilitator say or do?	What will the participants do?	Time
<p> Do: Lay out a selection of at least 8 items from the Fats Information (Resource 12) and two pieces of paper on the floor or table with the following text on it: 'Good fats' 'Bad fats'</p> <p> Do: Split the group into two and give each group 4 items. Ask them to work as a group and decide which items are:</p> <ul style="list-style-type: none"> • good fats, and • bad fats <p>Ask them to place the items beside the relevant pieces of paper.</p>	Discuss each item and decide which piece of paper to place each item beside.	5 mins
<p> Do: After all items are placed, tell those taking part which fat group each item belongs to. Have a discussion with participants with questions like:</p> <ul style="list-style-type: none"> • Are there any surprises? • Do people think the items in the 'good fats' are items you would use? <p> Say: The amount and the type of fat you eat is important to your overall fat intake.</p> <p>Oily fish is the best source of an essential fat called omega 3 and is found in: herrings, mackerel, sardines, and salmon.</p>	Group discussion.	10 mins



What will the Facilitator say or do?	What will the participants do?	Time
<p> Do: Refer back to the food pyramid.</p> <p> Say: Even a good fat is high in calories and must be eaten sparingly.</p> <p> Do: Circulate Croí 'Guide to healthy shopping' cards.</p>		
		Ends fats


Sugars


Time 20 minutes


What is needed?


- At least 7 items from **Resource 13**. ☐
- Enough sugar sachets to carry out the exercise. ☐
- Teaspoons for demonstration purposes. ☐
- A cereal bowl and a serving of cereal (30-40g). ☐
- 2 Bottles of Miwadi (1green and 1 blue bottle top), a glass measuring jug, drinking glass and water. ☐
- Croí 'Guide to healthy shopping 'cards. ☐

What will the Facilitator say or do?

 **Say:**
When you eat sugar and starch it becomes glucose, which your body needs for energy. Many starchy foods are found in the bottom shelf of the food pyramid. Many of the sugary foods are found on the top shelf of the food pyramid, but remember sugar is often added to other foods on all of the shelves including yogurts and fruit juices.

 **Say:**
We are going to do an exercise with sugar.

 **Do:**
Ask people to work in pairs to estimate how many teaspoons of sugar are in each item.

 **Do:**
Lay out at least 7 items from **Resource 13**.






Split the group into pairs to decide how many teaspoons or sachets of sugar are in each item (a sachet of sugar represents one teaspoon of sugar).

What will the participants do?

 Listen.

Work in pairs.



What will the Facilitator say or do?	What will the participants do?
<p> Say: Place the number of sachets or teaspoons of sugar you think there is in each.</p>	
<p> Do: When all pairs have finished placing sugar sachets, put the actual number of sugar sachets for each item in front. Discuss with group about each item.</p> <p> Facilitator Tip Remember you can show sugar content also by handing around the cereal bowl with the 30-40g portion or demonstrate how to make the serving of Miwadi (Resource 13)</p> <p> Say: Prompts for discussion include:</p> <ul style="list-style-type: none"> • Are you surprised by the amount of sugar contained in the item? • Would you regularly eat or drink this food? • Could you swap this food or drink for a healthier alternative? <p> Do: Circulate Croí 'Guide to healthy shopping' cards.</p>	Group discussion
	Ends sugars

Salt

Time 10 minutes

What is needed?

- A selection of items for demonstration. **Resource 14** ☐
- 2 sheets of card with the following text 'HIGH' and 'LOW' ☐
- Croí 'Guide to healthy shopping' cards. ☐

What will the Facilitator say or do?

Say:

Eating too much salt is not good for your health as it can raise your blood pressure and lead to heart disease and stroke. Some foods that may not taste salty actually have salt in them for example – some breakfast cereals and breads (**Resource 14**). About 80% of the salt that you eat is hidden in everyday foods.

Say:

We are going to do an exercise with salt.

Do:

Place items from **Resource 14** on the table and ask the participants to group the items into high salt or low salt.

Do:

When the task is completed, check the items placed are in the correct category based on page 20 of the food pyramid and read aloud from **Resource 14**.

Say:

- Are you surprised by the amount of salt these products contains?
- Would you regularly eat these foods?
- Have you any ideas about how you can reduce the amount of salt you eat?

What will the participants do?






 Listen.

Discuss each item and decide which piece of paper to place each item beside.

 Listen.





Group Discussion



What will the Facilitator say or do?	What will the participants do?
<p> Say: Foods that are high in salt include:</p> <ul style="list-style-type: none"> • processed meat, • bacon, • sausages, • puddings, • ready-made meals and sauces, • packet soups, • stock cubes, and • gravy granules. <p>Some breakfast cereals and breads are also high in salt.</p>	<p> Listen.</p>
<p> Do: Prompt ideas for discussion on ways to reduce salt intake.</p> <p> Say:</p> <ul style="list-style-type: none"> • Use little or no salt in cooking; try using extra herbs and spices instead like black pepper. • Leave the saltshaker off the table. • Cut down on salty processed foods and ready-meals and try and make your own if you can. • Go for lower salt choices. There can be a really big difference between different types and brands. • Sea salt is no better for your health than table salt. • Choose items that have very few ingredients <p> Do: Circulate Croí 'Guide to healthy shopping' cards.</p>	<p>Feedback and discussion</p>
	<p>Ends Salt/End of topic 4</p>

5. Exploration of where people are at in terms of readiness to change – ‘Stages of Change’






Time 20 minutes



What is needed?		
<ul style="list-style-type: none"> Resource 11: ‘Stages of Change’ <input type="checkbox"/> 		
What will the Facilitator say or do?	What will the participants do?	Time
<p> Do:</p> <ul style="list-style-type: none"> Put the ‘Stages of Change’ pictures on the floor. <p>Resource 11</p> <ul style="list-style-type: none"> Explain them with examples. <p> Say:</p> <p>Can everyone go and stand where you think best describes where you are at now in terms of healthy eating?</p>	Participants stand on Stages of Change	10 mins
<p> Say:</p> <ul style="list-style-type: none"> What made you stand where you are now? What does this exercise tell you? Are you surprised by anything? Does anyone else feel the same or differently? How are you feeling about making a small change at the moment – and moving from where you are now? <p> Do:</p> <ul style="list-style-type: none"> Encourage people to give ideas. Ask people if they want to share them with the group? 	Remain standing	10 mins
		End of Topic 5



6. Thinking about making a change




Time 10 minutes





What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change' <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say:</p> <ul style="list-style-type: none"> • Okay, just take one step to the next stage (Resource 11). • If you are in the 'given-up' stage, what do you think might be the next stage for you? • Put yourself there. <p> Do:</p> <ul style="list-style-type: none"> • If there is no one at the 'given-up' stage don't talk about it. • Help the participants if needed. <p> Say:</p> <p>If you are at the 'Keeping-it-up' stage, well done and you don't need to move anywhere since you feel that you are already active enough to mind your heart.</p>	<p>Remain standing where they were at end of exercise 6.</p>
<p> Say:</p> <p>Take a moment to feel what it is like to be where you are now...</p> <ul style="list-style-type: none"> • What is that like for you? • What is good about being here? • What is not so good? <p> Say:</p> <ul style="list-style-type: none"> • If you would like to be in this new place, what small step or change could you take to get here? • What would stop you making these changes? • What do you need to do in order to start getting here? 	<p>Answer the questions and join in the discussion.</p>

What will the Facilitator say or do?	What will the participants do?
 Do: Encourage people to give ideas.	
 Do: Invite participants to return to their chairs.	
	End of topic 6

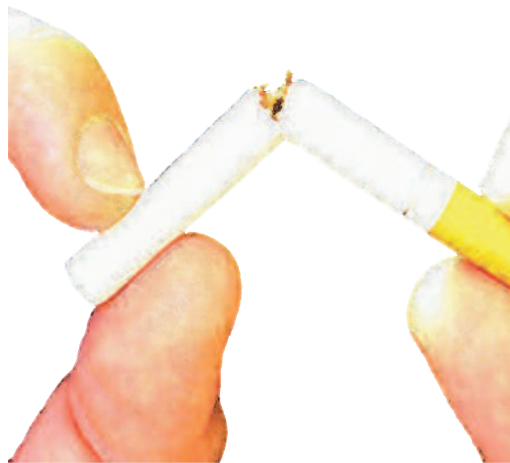
7. Closing round with 'Action Planning'

Time 10 minutes

What is needed? <ul style="list-style-type: none"> • Resource 8: Combined Personal Action Plan and Session Evaluation. <input type="checkbox"/> • Local contacts list. <input type="checkbox"/> • Easy to read leaflets on healthy eating. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Say: Today we have talked about: <ul style="list-style-type: none"> • healthy eating and being aware of your portion sizes; and • the importance of reducing your intake of fat, salt and sugar in order to maintain a healthy weight and so reduce your risk of type 2 diabetes and heart disease. Each of you has identified one small step or change you are going to make in the next 3-6 months.	Give their opinions on the session if they wish.
 Do: Explain that you are passing around a ' Combined Personal Action Plan and Evaluation Resource 8 ' for people to fill in.	Fill out Resource 8
 Say: <ul style="list-style-type: none"> • This is not a test and you do not have to share your answers with the group. • On this sheet you will be able to mark the one small change you are hoping to make. • You can also sign up for more help or support if you need it. Tick the box if you wish to have help from CHWs • If you do sign up for such support, we will make contact with you. • In the meantime, if you think you will need other support from us we will provide you with our contact numbers (that puts the onus back on participants). • Agree date to meet. 	

What will the Facilitator say or do?	What will the participants do?
<p> Do: Read the questions out loud and help anyone who would like help with completing them.</p> <p> Say: Many people when they are trying to make changes may need someone to help them such as a friend, family member or colleague (who will want you to achieve your goal). Many people find having a goal to work towards motivates them to keep on track and achieve their goal</p> <p> Say: You can take information on local contacts and healthy eating leaflets home with you.</p> <p> Do: Thank everyone for taking part in the session.</p> <p>Facilitator note on follow up You need to be prepared to put arrangements in place to provide support if required by participants.</p>	
	End of topic 7

Stopping smoking



Introduction

Diabetes and heart disease are very common conditions in Ireland. Diabetes happens when your body is no longer able to control the sugar (also called glucose) levels in your blood.

A study carried out in Galway found that Travellers were at a high risk of developing type 2 diabetes and heart disease. As a result of this we have put together this session, which will help you learn how you can make small changes and reduce your risk of developing diabetes and heart disease.

Today's information session is about stopping smoking.

Essential reading

'HSE Brief Intervention for Smoking Cessation, Participant Resource'.

Overall aim of session

The aim of this session is to promote awareness of smoking and its links with poor health, in particular heart disease and type 2 diabetes. The aim is to support participants to reduce or quit smoking at a later stage.

Learning outcomes

By the end of the session participants should be able to:

1. Understand what is in a cigarette and in cigarette smoke.
2. Understand more about how smoking affects our health.
3. Understand why people start to smoke.
4. Describe how ready they are to make a change around smoking.
5. Identify one small change they can make.
6. Be aware of supports locally and nationally if they wish to try reducing or quitting smoking.

What is needed for this programme?

Flipchart page with learning outcomes <input type="checkbox"/>	Local contacts information <input type="checkbox"/>	Resources 8 <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/>
Flipchart paper and markers <input type="checkbox"/>	Easy to read leaflets on quitting smoking	
Pens <input type="checkbox"/>	Information on the National Quitline	

Resource 8 - see page 16 of Resource manual

Resource 11 - see page 21 of Resource manual

Resource 15 - see page 38 of Resource manual

Resource 16 - see page 40 of Resource manual



Resource 17 - see page 41 of Resource manual

Resource 18 - see page 44 of Resource manual



1. Outline of the learning outcomes








Time 5 minutes

What is needed? <ul style="list-style-type: none">• Flip Chart Page with learning outcomes. <input type="checkbox"/>	
What will the Facilitator say or do?	What will the participants do?
 Say: <p>Whether or not you smoke, we hope that today's session will be an opportunity for you to learn new things and to be better able to support yourself or someone else to quit smoking if they want to.</p> <p>By the end of the session you will:</p> <ul style="list-style-type: none">• understand what is in a cigarette and in cigarette smoke;• understand more about how smoking affects our health;• understand why people start to smoke;• be able to describe how ready you are to make a change around smoking;• identify one small change you can make and• be aware of local and national supports.	 Listen.

2. Opening discussion on:





- the topic and its most important message; and
- the 'Smokers' quiz'

Time 20 minutes

What is needed? <ul style="list-style-type: none"> • Resource 16: The Smokers' Quiz. <input type="checkbox"/> • Resource 17: Smokers' Quiz answers. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: Will each person in the group work with the person sitting next to them?</p> <p> Do: Give out a copy of the 'Smokers' Quiz' to each pair. Resource 16</p>	Working in pairs, to answer the 'Smokers' Quiz'
<p> Do: When the group have completed the Quiz, take feedback and facilitate discussion. Use the answers' sheet. Resource 17</p> <p> Say: Questions useful to prompt discussion:</p> <ul style="list-style-type: none"> • What surprised you? • Is there anything that you hadn't heard before? 	Question and answer session (together)
<p> Do:</p> <ul style="list-style-type: none"> • Describe and explain the impact of smoking on health. • Include information about passive smoking. <p> Facilitator tip Remember to be factual.</p>	 Listen.






3. Experimental activity: What's in a cigarette and cigarette smoke?

Time 15 minutes




What is needed? <ul style="list-style-type: none"> • Resource 15: 'What's in a cigarette?' <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Say: What do you think is in a cigarette? Resource 15	Brainstorm and give feedback.
 Do: Take feedback using Resource 15 to point out the difference between: <ul style="list-style-type: none"> • what is in a cigarette; and • what is in cigarette smoke? 	 Listen.
 Say: Prompt questions: <ul style="list-style-type: none"> • Are you surprised about what is in a cigarette? • How do you feel about the contents of cigarettes and cigarette smoke? 	Discuss.
	End of topic 3

4. Discussion on: 'Benefits and Reasons'; and 'What stops you quitting?'

Time 10 minutes






What is needed? <ul style="list-style-type: none"> • Resource 18: Handouts of the 'Benefits of quitting smoking'. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: To quit smoking sometimes it helps us to think about when and why we began to smoke and how long we have been smoking for.</p> <p> Do: Invite participants to consider their smoking history and divide into the following groups:</p> <ul style="list-style-type: none"> • smoking less than 10 years; • smoking 10-20 years; • smoking longer than 20 years; and • never smoked or have quit. 	<p> Listen.</p>
<p> Say: In your small groups, discuss the following questions:</p> <ul style="list-style-type: none"> • what age did each participant start smoking? • why did you start? • has anyone in the group tried to quit smoking before? <p> Say: Ask the participants who have never smoked or quit already, if:</p> <ul style="list-style-type: none"> • someone in their family currently smokes; and • they have tried to quit. 	<p>Provide feedback on:</p> <ul style="list-style-type: none"> • the age participants started smoking; • the reasons why they started; and • quit attempts.




What will the Facilitator say or do?	What will the participants do?
<p> Do:</p> <ul style="list-style-type: none"> • Sum up feedback by highlighting the common themes. • Point out that many people start smoking for the same reasons • Many try to quit a number of times before they succeed. <p>Key messages for the discussion:</p> <ul style="list-style-type: none"> • nicotine is addictive; • quitting is possible; • half of smokers eventually quit; and • there are benefits to quitting. <p> Do: Read and hand out Resource 18.</p> <p> Say: We have some leaflets which you can take away at the end.</p>	
	End of topic 4

5. Exploration of where people are at in terms of readiness to change – Stages of Change'

Time 20 minutes






What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change'. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Do: <ul style="list-style-type: none"> • Put the 'Stages of Change' pictures on the floor (Resource 11). <p>Explain them with examples.</p>	 Watch and listen.
 Say: <p>Can everyone now go and stand where you think best describes where you are at now in terms of smoking – whether you are talking about yourself or a member of your family.</p>  Say: <ul style="list-style-type: none"> • What made you stand where you are now? • What does this exercise tell you? • Are you surprised by anything? • Does anyone else feel the same or differently? • How are you feeling about making a small change at the moment – and moving from where you are now? 	<p>Stand on Stages of Change.</p>
 Do: <ul style="list-style-type: none"> • Encourage participants to give ideas. • Ask participants if they want to share them with the group. 	<p>Remain standing. attempts.</p>



What will the Facilitator say or do?	What will the participants do?
<p> Facilitator tip on including the 'Non-smokers'</p> <ul style="list-style-type: none"> • Think about a change that you would like to make about a smoking behaviour in your family or your workplace. <p>For example this could be not allowing promoting 'no smoking' in your:</p> <ul style="list-style-type: none"> • car, • house, • bedroom, or • at the kitchen table. <p>It is then possible for all group participants to move during the Stages of Change exercise.</p>	
	End of topic 5

6. Thinking about making a change




Time 10 minutes






What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change'. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say:</p> <ul style="list-style-type: none"> • Okay, just take one step to the next stage. • If you are in the 'given-up' stage, what do you think might be the next stage for you? • Put yourself there. <p> Do:</p> <ul style="list-style-type: none"> • If there is no one at the 'given-up' stage, don't talk about it. <p>Help the participants if needed.</p>	<p>Remain standing where they were at end of exercise 6.</p>
<p> Say:</p> <p>If you are at the 'keeping-it-up' stage, well done. Take a moment to feel what it is like to be where you are now...</p> <ul style="list-style-type: none"> • What is that like for you? • What is good about being here? • What is not so good? • If you would like to be in this new place, what small step or change could you take to get here and tackle your smoking? • What would stop you making these changes? • What do you need to do in order to start getting here? <p> Do:</p> <p>Encourage people to give ideas.</p> <p> Do:</p> <p>Invite participants to return to their chairs.</p>	<p>Answer the questions and join in the discussion.</p>
	Ends topic 6



7. Closing round with Action Planning

Time 10 minutes

What is needed? <ul style="list-style-type: none"> • Resource 8: Combined Personal Action Plan and Evaluation. <input type="checkbox"/> • Local contacts information. <input type="checkbox"/> • Easy to read leaflets on quitting smoking. <input type="checkbox"/> • Information on National Quit Line. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Say: Today we have talked about the health risks associated with smoking and we have learned that smoking increases our risk of developing type 2 diabetes and heart disease. Each of you has identified one small step or change you are going to make in the next 3-6 months.  Do: Explain that you are passing around a: <ul style="list-style-type: none"> • Combined Personal Action Plan and Evaluation – Resource 8 Ask people to fill it in.	Give their opinions on the session if they wish.
 Say: <ul style="list-style-type: none"> • This is not a test and you do not have to share your answers with the group. • On this sheet you will be able to mark the one small change you are hoping to make. • You can also sign up for more help or support if you need it. • Tick the box if you wish to have help from CHWs. • If you do sign up for such support, we will make contact with you. • In the meantime, if you think you will need other support from us, we will provide you with our contact numbers. 	Fill out Resource 8

What will the Facilitator say or do?	What will the participants do?
<p> Do: Read out the questions on Resource 8 aloud and help anyone who would like help with completing it.</p> <p> Say:</p> <ul style="list-style-type: none"> • Many people when they are trying to make changes may need someone to help them such as a friend, family member or colleague (who will want you to achieve your goal). • Many people find having a goal to work towards motivates them to keep on track or achieve their goal. <p> Say:</p> <ul style="list-style-type: none"> • Information on local contacts is available to take away with you; and • Quit Smoking leaflets and the details of the National Quitline are available. <p> Do: Thank everyone for taking part in the session.</p> <p> Facilitator note on follow up You need to be prepared to put arrangements in place to provide further support if required by participants.</p>	
	End of topic 7

Coping with stress



Introduction

Diabetes and heart disease are very common conditions in Ireland. Diabetes happens when your body is no longer able to control the sugar (also called glucose) levels in your blood.

A study carried out in Galway found that Travellers were at a high risk of developing type 2 diabetes and heart disease. As a result of this we have put together this session, which will help you learn how you can make small changes and reduce your risk of developing diabetes and heart disease.

Today's information session is on coping with stress.

Facilitator note

This session is about how to cope with stress, rather than what is stress, however, a little bit of information about stress is included.

Overall aim of session

The aim of this session is to talk about the health benefits of adopting and maintaining healthy ways of coping with stress. These techniques will also reduce the risk of developing type 2 diabetes and heart disease.

Learning outcomes

By the end of the session participants should be able to:

1. Explain what stress is;
2. Name their triggers and understand signs and symptoms of stress;
3. Identify how they cope with stress;
4. Mind their health and well-being, and have positive ways of coping with stress;
5. Make a realistic action plan to cope with stress that suits their readiness to change.

What is needed?					
Flipchart with learning outcomes <input type="checkbox"/>	6-10 photographs or pictures that reflect stress. <input type="checkbox"/>	Large image of the numbers 0-10 to make a line <input type="checkbox"/>	Two large outlines of the human body <input type="checkbox"/>	Resources 8 <input type="checkbox"/> 11 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/>	Local directory of services <input type="checkbox"/> or Local list of useful contacts <input type="checkbox"/>
Flipchart paper and markers <input type="checkbox"/>	Arrows or post-its in three colours <input type="checkbox"/>				
Pens <input type="checkbox"/>					

Resource 8 - see page 16 of Resource manual

Resource 11 - see page 21 of Resource manual

Resource 19 - see page 45 of Resource manual

Resource 20 - see page 46 of Resource manual

Resource 21 - see page 47 of Resource manual

Facilitator tip






To find photographs of appropriate images that reflect stress, you might, for example:

- take real photographs and use them (remember you must make sure to get permission from the person before using the photograph);
- use pictures from a printed magazine or newspaper – if you are not printing them for circulation, then you do not need any permission to use them for your session.

If you cannot use either of the above, you may wish to download some material from internet sites in line with the internet policy of your agency.

1. Outline of learning outcomes








Time 5 minutes





What is needed?	
<ul style="list-style-type: none">• Resource 11: 'Stages of Change'. <input type="checkbox"/>	
What will the Facilitator say or do?	What will the participants do?
<p> Say: In today's session we are talking about coping with stress so as to reduce our risk of having type 2 diabetes or heart disease.</p> <p> Do: Refer to flipchart page with session outcomes.</p> <p> Say: By the end of this session you will be able to:</p> <ol style="list-style-type: none">1. explain what stress is;2. name your triggers and understand signs and symptoms of stress;3. identify how you cope with stress;4. mind your health and well-being, and have positive ways of coping with stress;5. make a realistic action plan to cope with stress that suits you. <p> Say:</p> <ul style="list-style-type: none">• We don't want to add to your stress or to cause stress by you feeling uncomfortable today.• Only say what you feel comfortable to say.• If you are bothered by anything you hear or think about today and you would like to talk with one of us after the session, just let us know at the end.	<p> Listen to the Facilitator.</p>

What will the Facilitator say or do?	What will the participants do?
<ul style="list-style-type: none"> • We may not have all the answers but we will do our best to find someone or some way to help you. • Often one of the best things we can do to help reduce our stress is to talk to someone or ask for help. 	
	End of topic 1

2. Opening discussion on the topic of stress









Time 15 minutes

What is needed? <ul style="list-style-type: none"> • Pictures, or photographs, or both, to get people talking and thinking about what stress is. <input type="checkbox"/> • Resource 19: Possible 'Stressors'. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Say: <ul style="list-style-type: none"> • As you know this session is about stress and how we cope with it. <p>Stress is a type of pressure from, or a response to:</p> <ul style="list-style-type: none"> • physical, • mental, or • emotional factors, <p>that cause bodily or mental tension.</p>	 Listen.
<p>Say:</p> <ul style="list-style-type: none"> • Around the room are some pictures and or photographs. • Stand up and choose pictures and or photographs that you think best show what stress is. <p>Resource 19.</p>	<p>Stand up and choose a picture or photograph.</p>
 Say: <p>Talk to the person next to you about the picture/photograph you have chosen.</p>  Do: <p>Allow some time for discussion</p>	<p>Share ideas with the person next to them.</p>
 Say: <p>Let's hear some of your ideas.</p>  Do: <p>Encourage discussion.</p>  Say: <p>Everyone gets stressed at some stage in life and about different things.</p> <ul style="list-style-type: none"> • What makes you stressed? <p>People get stressed by...</p>	<p>Share ideas as a group.</p>

What will the Facilitator say or do?	What will the participants do?
<p> Do: Give one or two ideas from your own life.</p> <p> Do: Encourage discussion.</p> <p> Say: Remember stress is a type of pressure from, or a response to:</p> <ul style="list-style-type: none"> • physical, • mental, or • emotional factors. <p>These can cause bodily or mental tension.</p> <p>What could cause you stress?</p> <p> Do: Ask the participants to add their own causes and encourage discussion.</p>	
	End of topic 2

3. Experiential activity related to stress

Time 15 minutes

What is needed? <ul style="list-style-type: none"> • Large image of numbers 0 to 10 to make a line. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Do: Make a line across the room with the numbers 0 to 10.	 Listen to the Facilitator.
 Say: Imagine that: <ul style="list-style-type: none"> • zero is not stressed at all; • 5 is stressed but OK; and • 10 is very stressed. Please stand up and go the place on the line that best describes where you at nowadays. For example, I am here because...	Follow the Facilitator's instructions.
 Do: Give participants time to stand where they want to stand.	
 Say: Does anyone want to say why they put themselves where they are now? (Please only say as much as you feel comfortable saying.)	Share their reasons for standing where they are only if they want to.
 Say: <ul style="list-style-type: none"> • What did you notice as you were doing this activity • What does this tell us?  Do: Encourage people to share their ideas	Share their ideas.
 Say: Now we are going to talk about the signs of stress and how you cope.	
	End of topic 3


4. Discussion on signs and symptoms of stress and ways of coping with stress


Time 15 minutes

What is needed?


- Two large outline pictures of a human body. ☐
- Stick-on arrows or small post-its in 3 different colours. ☐
- **Resource 20:** Possible signs of stress. ☐
- **Resource 21:** List of healthy ways of coping with stress. ☐


What will the Facilitator say or do?


-  **Say:**
- What usually happens to you when you are stressed?
 - What usually happens in your body?
 - Look at this picture of a body
 - Let's call him/her Pat
 - When people are stressed they experience some physical signs and symptoms such as headaches.

 **Do:**
Put a Post-it or arrow beside the part of the body that is closest to the stress signs named, for example, when talking about headaches put the arrow beside the head.

What will the participants do?








 Listen and follow the instructions of the Facilitator.









-  **Say:**
- Now it is your turn to get involved, does anyone want to volunteer to use a Post-it to mark the part on Pat (the body) where you generally feel stress.
 - You can write or draw on the Post-it if you like.

 **Do:**
Hand out the Post-its and markers.
Allow participants time to mark the parts of the body.

Share ideas as a group – as much as people feel comfortable with.
















What will the Facilitator say or do?	What will the participants do?
<p> Say:</p> <ul style="list-style-type: none"> • What else did you notice as you were doing this activity? • Are you surprised by anything? <p> Say:</p> <ul style="list-style-type: none"> • Now, we will look at how you cope with stress. • Does anyone want to share how they cope with stress? <p> Do: Allow a little time for sharing</p> <p> Say:</p> <ul style="list-style-type: none"> • Let's go back to Pat. • This time we will use these Post-its or arrows (this time use a different colour) to show how you cope with stress. • For example, if you use walking to cope with stress put one Post-it by the feet. • Once again you can write or draw on the Post-it if you want to. <p> Do:</p> <ul style="list-style-type: none"> • Hand out the Post-its and markers. • Allow participants time to mark the parts of the body. <p> Say: Let's have a look at ways we are coping with stress now.</p> <ul style="list-style-type: none"> • What do you notice? • Which of these ways of coping with stress might put you at risk of type 2 diabetes or heart disease? • Which ways are healthy and which are not? <p> Do: Point to the second picture of the human body</p>	

What will the Facilitator say or do?	What will the participants do?
<p> Say: We have another body here, let's call it Ger.</p> <p> Do: As participants identify the 'risky actions', remove them from Pat and put them onto the same part of the second body (Ger).</p> <p> Facilitator Tip At this point of the exercise, you will have both images of the bodies in use: Pat with the signs and symptoms of stress and healthy ways of coping with stress marked by post-its, and Ger with the risky ways of coping with stress marked by post-its.</p> <p> Say: Let's look at the healthy ways of coping with stress that we are using.</p> <p> Do: Point to 'Pat'.</p> <p> Say:</p> <ul style="list-style-type: none"> • Are there other healthy ways of coping that are not here? • Can anyone suggest some? <p> Do: Add healthy suggestions and highlight 'asking for help' if the participants do not suggest it.</p> <p> Do: Encourage discussion and use Resource 21 as a prompt.</p>	
	End of topic 4

5. Exploration of where people are at in relation to the Stages of Change




Time 20 minutes

What is needed?	
<ul style="list-style-type: none"> • Resource 11: 'Stages of Change'. <input type="checkbox"/> • From exercise 4: Pat and Ger (Images of the bodies complete with the post-its) 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: I would like you now to think about one thing that is stressing you at the moment. You don't need to say what it is if you don't want to...</p> <ul style="list-style-type: none"> • Can you all think of something? • Think about how you are coping with the stress. • Who are you most like Pat or Ger? <p> Do:</p> <ul style="list-style-type: none"> • Point to the two bodies. • Allow some time thinking or discussion. <p> Say: Pick one of the healthy ways of coping with stress shown on Pat's body that suits you. For example:</p> <ul style="list-style-type: none"> • going for a walk, • eating well, or • asking for help. <p> Say: Remember the healthy ways of coping with stress are good for our mind and our body.</p>	<p> Listen.</p>
<p> Say:</p> <ul style="list-style-type: none"> • How ready are you to follow Pat's example and use any of these healthy ways of coping with your stress? • What is your healthy way? 	<p>Reflecting.</p>

What will the Facilitator say or do?	What will the participants do?
 Do:: Allow a little space for thinking.  Say: Has everyone picked their healthy way of coping?	
 Do: <ul style="list-style-type: none"> Put Stages of Change pictures on the ground in a wide circle Resource 11. Explain them and give example(s). 	 Listening.
 Say: Everyone, please go and stand where you think best describes where you are in terms of using your healthy way of coping with the stress. <ul style="list-style-type: none"> What is your healthy way?  Say: <ul style="list-style-type: none"> Which of the healthy ways are you thinking about? What made you stand where you are now? What does this exercise tell you? Are you surprised by anything? Does anyone else feel the same or differently? How are you feeling about making a change at the moment – and moving from where you are now to the next stage? 	Choosing a place to stand.
 Do: Encourage people to give ideas.	Discussion. Stay standing.
	End of topic 5




6. Thinking about making changes

Time 10 minutes






What is needed? <ul style="list-style-type: none"> • Resource 11: 'Stages of Change'. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
 Say: Keep thinking about the healthy way you have chosen that will help you cope with your stress in a way that does not put you at risk of type 2 diabetes or heart disease. <ul style="list-style-type: none"> • Now just take one step to the next stage of the circle.  Say: Take a moment to feel what it is like to be where you are now... <ul style="list-style-type: none"> • What is it like for you? • What is good about being here? • What is not so good? • If you would like to be in this new place, what small step or action could you take to get here? • What would stop you making these changes? • What would help you? What do you need to do in order to start making that change?	Move to the next step.
 Do: Encourage participants to share ideas.	Group discussion.

7. Closing round with action planning

Time 10 minutes

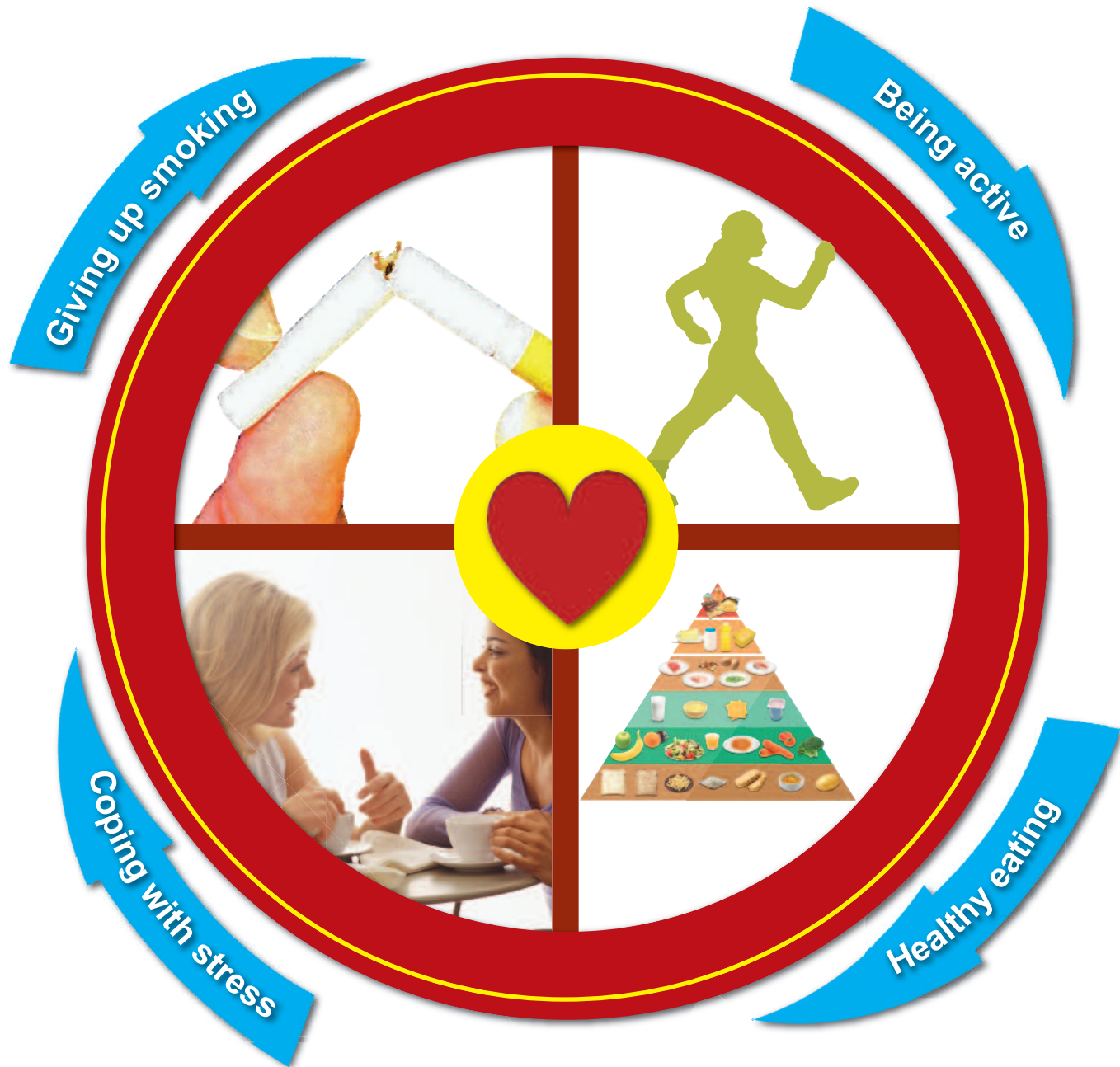
What is needed? <ul style="list-style-type: none"> • Resource 8: Combined Personal Action Plan and Session Evaluation. <input type="checkbox"/> • Local contacts list. <input type="checkbox"/> 	
What will the Facilitator say or do?	What will the participants do?
<p> Say: Today we have talked about what stress is. We have also looked at:</p> <ul style="list-style-type: none"> • what causes stress; • the signs that tell us when we are stressed; and • how we cope with stress. <p>We have thought about healthy options for coping with stress and what it would take to put some of these into action. Stress is in everyone's life but we can choose healthy ways to cope with stress.</p> <ul style="list-style-type: none"> • Remember there is help out there and it is OK to ask for help. <p>Each of you has identified one small step or change you are going to make in the next 3-6 months.</p> <p> Do: Explain that you are passing around a Combined Personal Action Plan and Session Evaluation now for people to fill in. Resource 8</p>	<p>Give their opinions on the session if they wish.</p>
<p> Say: This is not a test and you do not have to share with the group.</p> <ul style="list-style-type: none"> • On this sheet you will be able to mark the one small change you are hoping to make • You can sign up for more help or support if you need it. 	<p>Fill out Resource 8.</p>



What will the Facilitator say or do?	What will the participants do?
<ul style="list-style-type: none"> • Tick the box if you wish to have help from CHWs. • If you do sign up for such support, we will contact you. • In the meantime, if you think you will need other support from us, we will provide you with our contact numbers. (That puts the onus back on participants.) • Agree date to meet. <p> Do: Read out the questions aloud and help anyone who would like help with completing it.</p> <p> Say:</p> <ul style="list-style-type: none"> • Many people, when they are trying to make changes may need someone to help them, such as a friend, family member or colleague (who will want you to achieve your goal). • Many people find having a goal to work towards motivates them to keep on track. <p> Say:</p> <ul style="list-style-type: none"> • Sometimes, the causes of our stress are much bigger than us and we need to get more help. • We have a list of contacts that you might find useful. • If you would like to ask us who you might talk to about a stressful situation, ask us before you leave. <p> Do:: Thank everyone for taking part in the session.</p> <p> Facilitator note on follow up You need to be prepared to put arrangements in place to provide support if participants need it.</p>	
	Ends topic 7 and entire programme.



Small Changes - Big Difference



**Traveller Preventative Education Programme
for Heart Disease and Diabetes**

Resource Manual

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Resource 1: Individual Pre and Post Record (confidential)

Name

Male ☐ Female ☐

Age group (please tick one box)

18–29 years. ☐ 30–39 years. ☐ 40–49 years. ☐ 50–59 years. ☐ 60+ ☐

Contact details

Do you agree to a visit from the Community Health Workers in 3-6 months' time to see how you are getting on after this short programme?

Yes. ☐ No. ☐

Signature

Keep this form in PHC office

Participant's Name:

	First session:	Last session:	Follow-up session:
Date			
Name of CHW			
Waist measurement - See page 12 Resource Manual.	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Measurement:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Measurement:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Measurement:
WHO Health and well-being questionnaire - See page 13 Resource Manual	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:
Diabetes: Know the Score - See page 15 Resource Manual	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:	Yes. <input type="checkbox"/> No. <input type="checkbox"/> Score:
What changes if any have you made?			

Resource 2: Information and evidence on high-risk factors for diabetes and heart disease in the Traveller community

Galway study

Dr David Slattery, Department of Diabetes and Endocrinology, National University of Ireland, Galway, did a study in Co. Galway in 2011 based at the Traveller Projects in Galway City, East Galway and Tuam. It was called: The Prevalence of Diabetes, Pre-Diabetes and Metabolic Syndrome in Irish Travellers and the Impact of Lifestyle Modification.

The most important study findings and conclusions

The Travellers screened had an average age of 37 years. This is much younger than the age usually screened for diabetes in the general population. The study showed that the percentage of people with diabetes was much higher in the Traveller population when compared to the general Irish population.

Key findings of Galway study	
Travellers	General population
Percentage of Travellers with type 2 diabetes	Percentage of general population with type 2 diabetes
6% Six out of every 100 people.	4.5% Four to five out of every 100 people.
Percentage of Travellers with pre-diabetes*	Percentage of general population with pre-diabetes
9% Nine out of every 100 people.	6% Six out of every 100 people.
Percentage of Travellers with metabolic syndrome**	Percentage of general population with metabolic syndrome
40% 40 out of every 100 people.	21% 21 out of every 100 people.

* Pre-diabetes is when a person has a raised Fasting Glucose and a raised Glucose Tolerance (2 blood tests that are used to test for diabetes). While the readings in pre diabetes are raised, they are not at the level that the person is diagnosed with diabetes, However, if a person has a raised reading on these blood tests they are more likely to develop diabetes unless they take steps to change.

** Metabolic syndrome is when a person has a combination of risks like:

- raised weight,
- bigger waist line,
- unhealthy cholesterol levels.

This combination makes them more likely to develop heart disease.



Intervention programme

A community-based, culturally sensitive health intervention programme for Travellers significantly reduced their risks of developing cardiovascular disease. This included:

- screening,
- health education,
- helping people by arranging appointments as needed,
- prescribing medication, and
- follow –up and support from Primary Health Care Projects and Dr Slattery.

The cardiovascular risk factors of all Travellers who took part in the programme were monitored throughout the programme, and it was found to be effective

After one year there were significant reductions in:

- weight,
- body mass index (BMI),
- waist circumference measurement,
- systolic BP,
- diastolic BP,
- cholesterol,
- LDL cholesterol, and
- fasting glucose.

During this programme we will be explaining and discussing what these terms mean.

People who get these results are likely to:

- reduce their rates of death;
- reduce their rates of serious illness; and
- improve life expectancy.

The results from the intervention programme support the findings of previous studies including:

- the Traveller Health Status Study (THSS); and
- the All Ireland Traveller Health Study (AITHS).

These two studies found that cardiovascular disease (CVD) was a major contributor to premature Traveller death and overall Traveller death and rate of serious illness.

Traveller organisations have a key role to play in the delivery of health services to Travellers and in promoting a healthier lifestyle especially:

- The Galway Traveller Movement;
- Western Traveller Intercultural and Development Movement;
- Primary Health Care Workers; and
- Traveller Community Health Care Workers (TCHW).

These groups are both:

- advocates for Travellers; and
- liaison workers for the health service.

The importance of their role in the development of health services in the Traveller community cannot be emphasised enough. These organisations also provide easy access for healthcare professionals to members of the Traveller community.

It is very common in the Traveller community for people to have:

- poor diets,
- not do enough exercise,
- smoke, and
- little formal education.




People with diabetes can be shown through education how to manage their diabetes.

A culturally sensitive, community-based lifestyle modification programme is successful in lowering cardiovascular risk in motivated Travellers. This could have a positive impact on improving life expectancy and reducing mortality and the rate of long-term illness.




Resource 3: Leaflet on Galway Study

Factors that increase risk of getting heart disease.

Raised Blood pressure	
Smoking	
Gender	
Family History of heart disease	
Unrecognised Diabetes and Pre-Diabetes	
Severe or Prolonged Stress	
Raised cholesterol	
Obesity/Overweight – Abdominal Obesity	


What to do if you have Risk factors?

If you have 2 or more risk factors go to your GP as soon as possible



If you need support with this or with any health issue contact your local Traveller Health Project

We can help link you with a programme

To support you .

Primary Health Care projects Galway and Tuam



Galway Traveller Movement
Galway City Co. Galway
091 765390 091 880916
maria@gtmtrav.ie Orla@gtmtrav.ie

Western Traveller Intercultural Development
Tuam
093 52515
Caroline.westtrav@gmail.com


Working for better health outcomes for Travellers in Galway.

Traveller Health Projects in association with Diabetes Centre UCH/NUI Galway

Cardiovascular Health in Galway for Travellers Study 2008-2010

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



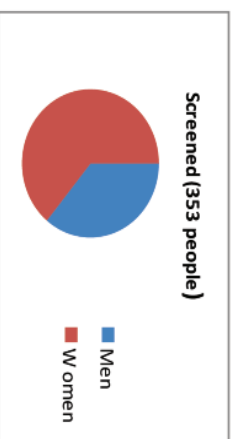
Are Travellers at increased Risk of Heart Disease?

This study looked at how common Diabetes, Pre Diabetes and Metabolic Syndrome* are in Irish Travellers It took place in Galway city and county from September 2009 to December 2010.

(*this is a combination of risks such as raised weight/waistline/ cholesterol, when they are together, increase the risk of heart disease)

People from Athenry, Ballinasloe, Ballygar, Galway city, Loughrea, Portunna, Kilimor and Tuam took part in the study
Each person had their weight, waistline and blood pressure checked and they also had a blood test for cholesterol, diabetes and pre diabetes

353 people screened .Average age 39yrs



226 were women
127 men

Results: The results show that heart disease is more common among Travellers at a younger age and is one of the main causes of ill health

Of those screened

21 people had undiagnosed Diabetes

32 people had pre-diabetes

138 people had *Metabolic syndrome and

275 people were overweight (173 obese)

Having diabetes but not knowing you have it can lead on to damaging health conditions such as ;

Heart Disease/Heart attack

Stroke

Eye disease/Blindness

Kidney Failure

Poor circulation/Leg Ulcers/Amputation

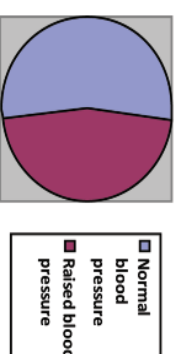
So it is important to check if you have it

And if you have it take care of yourself

Your health is your wealth

Blood pressure

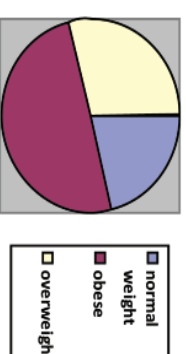
162 people had **high blood pressure**
191 people had healthy blood pressure



148 people had **high Cholesterol**

205 people had healthy cholesterol

Weight



102 people were overweight
173 people were obese
78 people were healthy weight



Resource 4: Definitions of heart disease, type 2 diabetes and insulin

The heart

The heart is a muscular pump that squeezes to pump blood through the blood vessels around our bodies. It beats 100,000 times a day, bringing food and oxygen in the blood to all parts of the body and bringing waste back from around the body. Like any engine or pump, it needs fuel and care to keep it working – and if we don't mind it, problems can develop.

Cholesterol

Cholesterol is a type of fat found in your blood. You need a certain amount of cholesterol for good health. But, if there is too much cholesterol in your blood, it sticks to the inner lining of your blood vessels (which bring blood around your body) causing them to narrow or get blocked.

Diseases that affect blood vessels and the heart include:

- angina,
- heart attacks, and
- strokes.

Angina

Angina is when the heart muscle doesn't get enough blood because the arteries going to the heart are narrowed with a fatty substance caused by too much cholesterol in your blood.

Heart attack

A heart attack is when the blood supply to the heart muscle is blocked off causing damage to the heart muscle.

Stroke

A stroke is when the blood supply to the brain has been cut off. It results in the sudden loss of use or feeling in your legs or arms or face, or a loss of sight.

Type 2 diabetes

You get type 2 diabetes when your body can no longer control the sugar (also called glucose) levels in your blood. High blood sugar problems start:

- when your body no longer makes enough of a chemical or hormone called insulin; or
- the insulin stops working properly.

Your body changes much of the food you eat into a type of sugar. This sugar travels in your blood around your body. Your body needs this sugar to give you energy to keep going and to stay healthy. Insulin usually allows your body to get the energy from the sugar you consume into all the cells in your body. When the insulin in your body stops working properly, your body cells can't get the sugar they need. This means the sugar stays in your blood leading you to develop high blood sugars.

You can stop yourself developing type 2 diabetes by:

- having a healthy diet;
- being active;
- being a healthy weight; and
- not smoking.

Type 2 diabetes is different to type 1 diabetes. In type 1 diabetes, your body does not make any insulin. Generally this has nothing to do with what you eat or what you do.

In type 2 diabetes, your body is not making enough insulin or the insulin you are making is not working properly. Generally type 2 diabetes is caused by:

- poor diet;
- not being active;
- smoking; or
- generally not having a healthy lifestyle.



Sources:

“All about your heart... and stroke: Information on angina, heart attack and stroke and how to prevent them”, Irish Heart Foundation, 2003

“A healthy cholesterol for a happy heart”, Irish Heart Foundation, 2008

“Healthy eating advice for diabetes”, Health Promotion Unit, 2005

“About Diabetes”, West Limerick PHCP, 2011

“What is Diabetes”, Learning about Diabetes, Inc., 2008
(www.learningaboutdiabetes.org)

“Brief Intervention for Smoking Cessation – National Training Programme” – Health Service Executive (2012)

“So you have Diabetes – what you need to know when it comes to food labels.” Diabetes Ireland www.diabtetes.ie

For Nutrition www.indi.ie

Resource 5: Instructions to measure your waist

Information on measuring up

Waist sizes above 32 inches for women and 37 inches for men are a good indication that you may be carrying excess weight and this is directly linked to an increased risk of chronic (long-term) diseases.

We cannot give you individual tailored clinical advice as everyone's situation is different.

If your waist is more than 32 inches (women) or 37 inches (men), you need to take into account other factors that may affect your health like:

- smoking;
- physical inactivity;
- eating habits;
- blood pressure;
- blood cholesterol; and
- lack of sleep.

If you want to get tailored advice on your own situation, speak to your health professional.

For the most accurate result, measure halfway between your lowest rib and the top of your hipbone, roughly in line with your belly button.

Wrap the measuring tape around your bare skin or a light t-shirt.

Make sure the tape is snug, but does not push into the skin.

Make sure the tape is not twisted at the back and is straight across the back.

Stand with your feet together.

If someone is measuring your waist for you, leave your arms relaxed, down by your side.

Relax, exhale and measure your waist.

Although it might be tempting, do not 'suck in your stomach' and don't hold your breath when measuring.

No matter what height you are, if your waist is more than 37 inches (94cm) for men or 32 inches (80cm) for women, it means you are more at risk of ill health. Now that you know your waist measurement, set yourself a healthy goal! As a guideline, you can lose 1-2 cm around your middle in 6-8 weeks.

Find out more and see how you measure up at <http://www.safefood.eu/>

Source: Safefood Stop the spread campaign <http://www.safefood.eu/stop-the-spread.aspx>



Resource 6: WHO Well-being Index (1998 version)

Please show for each statement below which one is closest to how you have been feeling over the last two weeks.

For example: If you have felt cheerful and in good spirits 'more than half of the time' over the last two weeks, put a circle around the 3 in the box.

Over the last two weeks:	All of the time	Most of the time	More than half of the time	Less than half of the time	Some of the time	At no time
1. I have felt cheerful and in good spirits.	5	4	3	2	1	0
2. I have felt calm and relaxed.	5	4	3	2	1	0
3. I have felt active and vigorous.	5	4	3	2	1	0
4. I woke up feeling fresh and rested.	5	4	3	2	1	0
5. My daily life has been filled with things that interest me.	5	4	3	2	1	0

How to calculate the Wellbeing Index from the answers people give

You calculate the 'raw score' by adding up the figures of the five answers.

It can range from 0 to 25:

- 0 equals worst possible quality of life; and
- 25 equals best possible quality of life.

To get a percentage score ranging from 0 to 100, multiply the raw score by 4.

It can range from 0 to 100:

- 0 equals worst possible quality of life; and
- 100 equals best possible quality of life.

How to interpret the results

If the raw score is 13 or below, this indicates poor wellbeing.

How to monitor change

In order to monitor change, use the percentage score. If the person's score goes up by 10%, it shows a significant change.

Source:

- Psychiatric Research Unit, WHO Collaborating Centre for Mental Health, Frederiksborg General Hospital, DK3400 Hillerød.

Resource 7: Diabetes, know the score



Diabetes: Know the Score

Type 2 Diabetes Adult Risk Assessment

Check the points next to each statement that you answer YES to and write that figure into the "Your Score" column. When you have responded to all statements, total your score.

	Scoring No = 0 pts	Your Score
Has either of your parents or any of your brothers or sisters been diagnosed with Type 2 diabetes?	Yes = 1 pt	
Have you ever been told your blood sugar level was above normal (e.g. in a health examination, during an illness/pregnancy, etc.)?	Yes = 3pt	
Do you take medication for high blood pressure?	Yes = 3pt	
Do you take medication for high cholesterol?	Yes = 3pt	
Have you ever had a heart attack, a stroke, TIA or told by a doctor that you have problems with circulation to your feet?	Yes = 3pt	
Do you consider yourself overweight? (If unsure see accompanying chart to check)	Yes = 5pt	
Do you do less than 150 minutes exercise per week i.e. 30 minutes 5 times each week or similar. If so, you are inactive.	Yes = 5pt	
Are you over 40 years of age?	Yes = 5pt	
Are you over 65 years of age (in addition to 5 pts for over 40)?	Yes = 5pt	
Your Total Score		

The higher your score, the higher your risk of having or developing Type 2 diabetes.

Please turn over to check your score

How did you score?

Scoring less than 7 points:

You are probably at low risk of developing Type 2 diabetes now, but don't forget that your risk will increase with age. Therefore, keep your risk low by losing weight if you are overweight and eating a healthy diet.

Scoring 7 to 15 points:

You are at moderate risk of developing Type 2 diabetes but may be at high risk of having pre-diabetes. Only a healthcare professional can diagnose pre-diabetes by doing a laboratory blood test. Arrange with your family doctor to have a health check if you are not already having regular check ups. In the meantime, protect your current health status by losing weight if you are overweight, and eat a healthy diet.

Scoring 16 or more points:

You are at risk of having, or developing in the near future, Type 2 diabetes. Only a health care professional can screen to see if you may have diabetes by doing a simple finger prick test. The result is available immediately. Laboratory blood tests are required to confirm diagnosis. You are strongly advised to have this done within the next month if you are not already having regular health check ups.

If you are at risk, don't delay, ACT TODAY.

If you think you are at risk make an appointment to visit your GP practice and get checked out.

At Risk Weight Chart

This chart is for persons over 35 years of age or older at the listed heights.

Check your height and if you weigh the same or more than the amount listed for your height, your Body Mass Index (BMI) is 27kg/m² or above, which puts you at risk of diabetes and adds 5 points to your score in the Type 2 Diabetes Adult Risk Assessment Form.

Feet/Inches	Stones/Pounds
4' 10	9sts 3lbs
4' 11	9sts 7lbs
5' 0	9sts 12lbs
5' 1	10sts 3lbs
5' 2	10sts 7lbs
5' 3	10sts 12lbs
5' 4	11sts 3lbs
5' 5	11sts 8lbs
5' 6	11sts 13lbs
5' 7	12sts 4lbs
5' 8	12sts 9lbs
5' 9	13sts 0lbs
5' 10	13sts 6lbs
5' 11	13sts 11lbs
6' 0	14sts 3lbs
6' 1	14sts 8lbs
6' 2	15sts 0lbs
6' 3	15sts 6lbs
6' 4	15sts 11lbs

For more information on preventing/managing Type 2 diabetes see www.diabetes.ie or ring Local 1850 909 909



Small Changes
Big Difference

Resource 8: Combined Personal Action Plan and Session Evaluation

Name

Address

Phone number

I would like to change. Tick ✓ one box. Yes. ☐ No. ☐

One change I can make is:

I would like the help from the Community Health Workers to make this change – tick ✓ one box. Yes. ☐ No. ☐

How I found this session. Please circle one number, with 1 being least happy and 5 being most happy.



1

2

3

4

5



Are there any comments you want to make about today's session such as:

- What you liked or didn't like?
- What you found helpful or not helpful?



Resource 9: List of examples of physical activity

Examples of physical activity

In and around the home	Sporting activities
Doing the hoovering and other housework – but with effort to raise the heart rate.	Playing football or other active games with the children instead of watching them.
Gardening.	All types of dancing.
Getting off the bus a stop earlier and walking to where you are going.	Boxing.
Going up and down the stairs.	Cycling.
Meeting a friend for a walk instead of talking on the phone.	Going to the gym, keep fit classes or other.
Parking the car further away from the supermarket door and walking to the door.	Horse riding.
Talking the baby out for a walk.	Swimming.
Using the stairs instead of the lift or escalator.	Running.
Walking the children to school.	
Washing the car.	

Resource 10: Physical activity statements

1. **Being active helps cut your risk of type 2 diabetes and heart disease**

It does. In fact, regular physical activity can help you prevent or manage a wide range of health issues, including:

- stroke;
- type 2 diabetes;
- depression;
- certain types of cancer;
- arthritis; and
- your risk of falling.

2. **‘Being active is expensive’**

It doesn't have to be.

3. **‘There is nowhere to go to be active near here’**

There are plenty of places:

- walk down the street;
- go to the playground;
- go dancing;
- join a fitness classes;
- do some gardening;
- go to the gym; and
- swim in a swimming pool.

4. **You need to have lots of time to be active’**

The 30 minutes recommended for every day can be spread throughout the day.

Ways of being active include:

- walking to the shop;
- taking the kids out to play;
- meeting friends for a walk and chat; and
- using the stairs instead of the lift.



5. Being active is good for your mental health and puts you in a good mood

Yes – being active releases natural chemicals in the brain and these can leave you feeling happier and more relaxed. You may also feel better about your appearance and yourself when you exercise regularly. This can boost your confidence and improve your self esteem.) ‘If you’re pregnant, you shouldn’t be active.’

If a woman is pregnant, she needs to be active too. If she hasn’t been active, she should talk to her GP, but generally she can do light physical activity like walking.

6. ‘Since children are small, they need to be less active than adults’

Not true! Children need to be active 60 minutes every day – twice as much as adults!

7. ‘If people knew that being active helps cut the risk of type 2 diabetes and heart disease, they would be more active’

This is open to different views.

8. ‘You have to be a sporty person to be active’

There is an activity to suit everyone – just keep trying things until you find what you like

9. When you have kids, it’s not possible to be active 30 minutes a day

The 30 minutes recommended for every day can be spread throughout the day.

Ways of being active include:

- walking to the shop;
- taking the kids out to play;
- meeting friends for a walk and chat; and
- using the stairs instead of the lift.

10. Being active helps you lose weight and stay at a healthy weight

It does. When you are physically active, you burn calories.

The harder the activity, the more calories you burn.

If you can’t do an actual workout, get more active throughout the day in simple ways, by taking the stairs instead of the lift or revving up your household chores.

11. Being active gives you energy

Regular physical activity can improve your strength and fitness.

Exercise and physical activity deliver oxygen and nutrients around your body and help your heart and lungs work better.

When your heart and lungs work better, you have more energy to go about your life.

12. Being active helps you sleep better

It does. Regular physical activity can help you fall asleep faster and deepen your sleep. Just don't exercise too close to bedtime or you may be too awake to fall asleep.

13. Exercise and physical activity are boring

Exercise and physical activity can be a fun way to spend time.

It gives you a chance to:

- unwind;
- enjoy the outdoors; or
- just do things that make you happy.

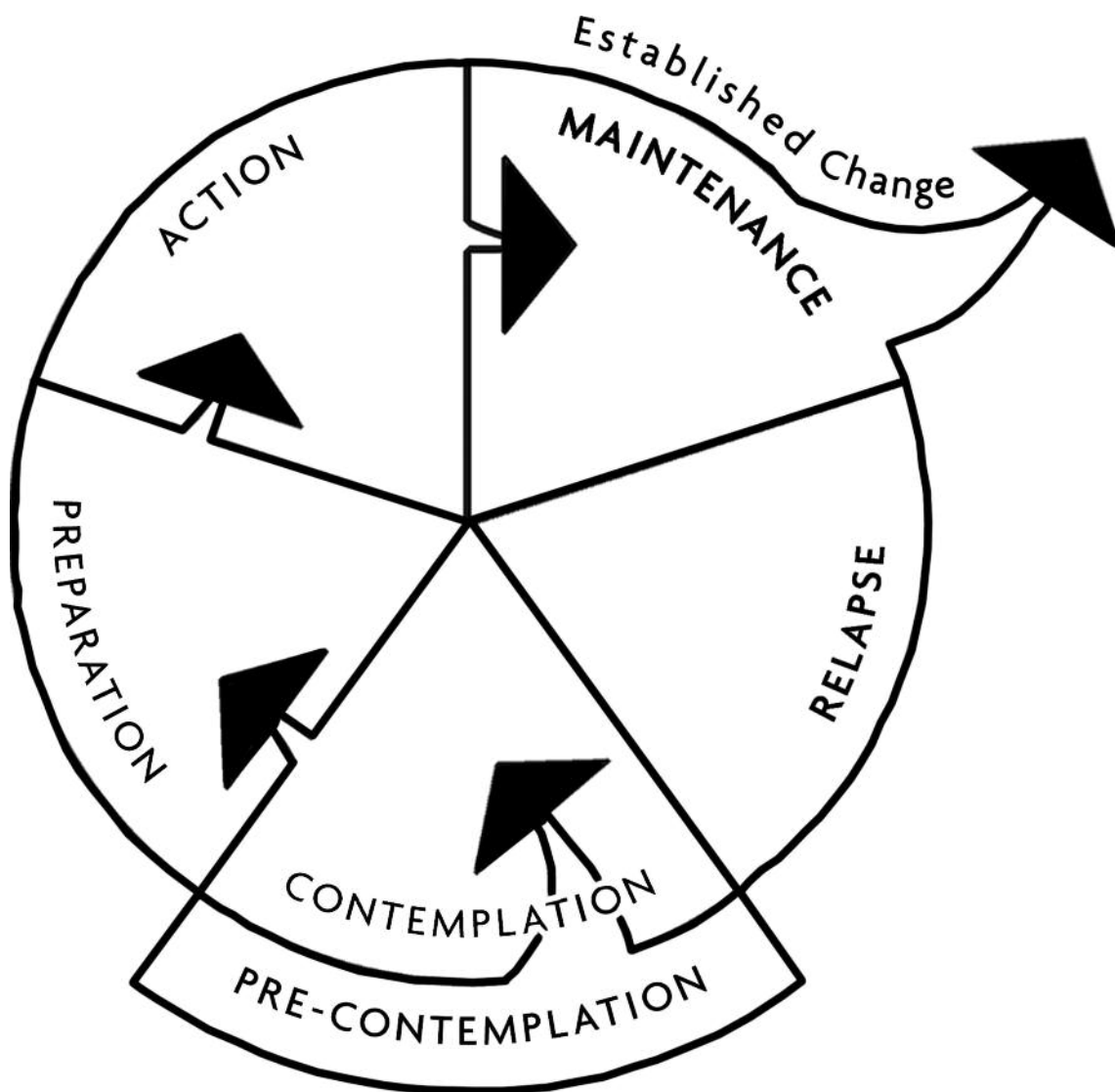
Physical activity can also help you connect with family or friends in a fun social setting. So:

- take a dance class;
- hit the walking trails or
- join a soccer team.

Find a physical activity you enjoy and just do it. If you get bored, try something new.



Resource 11: 'Stages of Change'



Source:

Brief Intervention for Smoking Cessation Participant Resource

Stages of Change, Facilitators' notes

There is no 'quick fix' to making change and people's motivation changes from day to day. It is useful to understand the stages that a person goes through when trying to make changes in their lives.

When a person is changing behaviour they go through a number of stages.

The **Stages of Change** model was developed as a way of understanding how and why people change behaviour, either on their own or with help. It shows the different stages that people go through and it can help us understand how difficult it can be to change. There are six individual stages of change. There is no one speed at which people move from one stage to another, but they generally follow a cycle.

Stage 1: Pre-contemplation

Often at this stage a person is not aware or concerned that the behaviour is a problem or they are not considering making any changes.

"I often make unhealthy choices but I don't really feel I can change."

Stage 2: Contemplation

Something often happens which forces a person to think about their own health or the health of people who live with them. It could be a:

- visit to a doctor;
- New Year's resolution; or
- decision to give something up for Lent.

"I do make unhealthy choices but I am hoping to do better and want to change."

Stage 3: Preparation

This is when the person decides to do something and starts making plans to change. They might tell a friend they are going to make a change.

"I am very aware of the unhealthy choices I make and I am preparing to change."



Stage 4: Action

The person decides to change. This may involve:

- looking for advice from a Primary Health Care Project;
- getting support from a GP or the HSE; or
- they may decide to go it alone.

It is important at this stage to get as much support as possible.

“Six months ago I began making a change and I feel I have turned over a new leaf.”

Stage 5: Maintaining the action

They keep up the action for as long as they can.

“I have been making healthy choices for over a year and they are now part of my life.”

Stage 6: Relapse

Often people will find it difficult to maintain a change and will take up the behaviour again. There could be feelings of disappointment, hopelessness or failure. When a person is ready, the cycle starts over again until at some point, a person manages to change for good.

In the ‘Stages-of-Change’ model, the relapse stage is normal. Successfully changing a behaviour can take a few attempts, but with help, support and motivation, everyone can get there.

“Six months ago I was making healthier choices than I am today but for some reason I have slipped.”

Established change: A permanent exit

It is important for everyone to understand the Stages of Change and to believe that change is possible for everyone. Despite relapses, people get there eventually.

Stage 1: Pre-contemplation

“I often make unhealthy choices but I don’t really feel I can change.”



Never

Stage 2: Contemplation

“I do make unhealthy choices but I am hoping to do better and want to change.”



Maybe

Stage 3: Preparation

“I am very aware of the unhealthy choices I make and I am preparing to change.”



Preparing

Stage 4: Action

**“Six months ago I began making a change
and I feel I have turned over a new leaf.”**



Doing it

Stage 5: Maintaining the action

“I have been making healthy choices for over a year and they are now part of my life.”



Keeping it up

Stage 6: Relapse

“Six months ago I was making healthier choices than I am today but for some reason I have slipped.”



Set back

Resource 12: Fats information

Categories

1. Monounsaturated and polyunsaturated fats (good fats)

2. Saturated fats (bad fats)

Item	Fats category
Sunflower oil (polyunsaturated)	Good fat
Olive oil (monounsaturated)	Good fat
Rapeseed oil (polyunsaturated)	Good fat
Flora (polyunsaturated)	Good fat
Light mayonnaise (polyunsaturated)	Good fat
Olive oil spread (monounsaturated)	Good fat
Tin of tuna (polyunsaturated)	Good fat
Tin of salmon (monounsaturated)	Good fat
Piece of: salmon; mackerel; trout; sardines; or herring (monounsaturated)	Good fat
Cheddar (saturated)	Bad fat
Sausages (saturated)	Bad fat
Pastries, pies (saturated)	Bad fat
Lard (saturated)	Bad fat
Butter (saturated)	Bad fat
Margarine (saturated)	Bad fat

Resource 13: Sugar information

How to calculate the sugar content of any food

There are two things to calculate when working out the amount of sugar in a particular food with a food label:

- the amount of sugar per 100g.
- the amount of sugar per portion.

1 teaspoon of sugar = about 4g

Example of how to calculate the sugar content of any food

If a biscuit has 25g sugar per 100g and 1 biscuit = 15g weight

To calculate the amount of sugar in this biscuit follow the following steps

- 1) first calculate how much sugar is in 1 g of the biscuit by dividing 25 by 100
($25/100$) = 0.25
- 2) Then multiply this figure(0.25) by the weight of the biscuit 15g = $0.25 \times 15 = 3.8\text{g}$

So in this example, there is about one teaspoon of sugar in each /the biscuit.

So, in this example, there is about one teaspoon of sugar in each biscuit.

This example applies to any food or drink with a food label

Source: Fiona Healy, Dietetics Manager, Mayo General Hospital
Eibhlin OMalley, Dietetics Manager, Mayo General Hospital

Facilitators note:

Dieticians and other Clinicians use exact measures for example; 3.8grams as calculated above. It is critical for people with particular health problems that exact measurements are used.

Croi has used the traffic light colours to develop a 'Guide to healthy shopping' which advises that food containing sugars of 5g or less are low and therefore a healthier choice.

This programme recommends using '5g' for the purpose of the Sugars exercise, Margaret O'Malley, Oral Health Promoter, HSE West finds that working with community groups and in particular people with low literacy and numeracy skills that '5 g's' is a better measurement as they can easily understand it and work it out for themselves using the same formula as described above.

It is important that the facilitator demonstrates

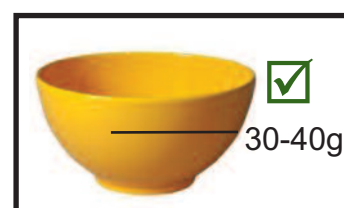
- a level teaspoon of sugar and a sugar sachet of 5g (the universal weight for sugar sachets is 5g in most restaurants) ; and



- the recommended amount of cereal (30/40g) in a cereal bowl.



pay attention to recommended amount of cereal regardless of the size of the cereal bowl



Sugar and breakfast cereals

Remember the recommend cereal serving size is 30-40g but the sugar content is calculated by 100g

Cereal	Number of teaspoons of sugar approximately in every 100g	Number of teaspoons of sugar per recommended serving of 30-40g
Porridge	Sugar free	Sugar free
Shredded Wheat	Sugar free	Sugar free
Weetabix	1	less than 1 teaspoon for 2 Biscuits
Rice Krispies	2	less than 1 tsp of sugar
Cornflakes	1 ½	½ tsp of sugar
Special K	4	1 and ½ tsp of sugar
Cheerio's	4	1 and ½ tsp of sugar
Bran Flakes	4	1 and ½ tsp of sugar
Alpen Original	4 ½	1 and ½ tsp of sugar
Coco pops	7	3 tsp of sugar
Kelkin Tropical Oats Granola	5	1.5 tsp of sugar
Crunchy Nut Feast	6	2 tsp of sugar



Sugar content of drinks 5g sugar = about 1 teaspoon of sugar or 1 sachet of sugar	
Drinks	Number of teaspoons of sugar approximately
Capri Sun Orange Juice (200ml)	4
Coke (500ml)	11
Can of 7up (330ml)	7
Can of Diet Coke (500ml)	None
Can of orange (330ml)	9
Lucozade (380ml)	14
Lucozade Sport (380ml)	5
Carton of Ribena Blackcurrant (250ml)	7
Miwadi Blackcurrant Squash 1 litre (Green lid)	35
Miwadi Blackcurrant Squash 1 litre undiluted (Blue Lid) No Added Sugar	1
One diluted glass of Miwadi (Green lid) See explanation below on next page	Less than 2 teaspoons
Cow & Gate Summer Fruits Concentrated baby juice (75ml)	19
Smoothies (all homemade or shop bought smoothies such as Innocent smoothies) 250ml	5
Ribena (carton) 288ml	7
Orange juice 250ml	8
Cranberry juice 288ml	9
Apple juice 288ml	10

*To explain dilution of Miwadi and to demonstrate 1 serving of Miwadi to 4 parts water, the facilitator needs to bring:

- 2 bottles of Miwadi (the green bottle top and the blue bottle top);
- a glass measuring jug;
- a glass; and
- water.

One litre bottle makes 20 diluted glasses; therefore, 50ml amount of the dilute is enough for one glass of diluted Miwadi. This has less than 2 teaspoons of sugar.

Point out the difference between the bottles of Miwadi, the 'no added sugar' drink has a blue bottle top and 'no added sugar' is also on the label.



Sugar content of sweets 5g Sugar = about 1 teaspoon sugar or 1 sachet of sugar	
Sweets	Number of teaspoons of sugar (about)
Tube of Pastilles (52.5g)	7
Tube of Fruit Gums (52.5g)	4½
Polo Mints (35g)	7
Polo Mints Sugar Free (35g)	None
Mars Bar (62g)	8
Bar of milk chocolate (100g)	11
Bag of Dolly Mixtures (190g)	33
Bag of Jelly Babies (215g)	32
Bag of Liquorice Allsorts (225g)	27
Chocolate buttons (40g)	3½
Mini Bearables – Natural Confectionery Co (130g)	4½
Guzzle Puzzles – Natural Confectionery Co. (130g)	6½
Wine Gums Maynard (135g)	9
Skittles Bag (174g)	11½
Toffee sweets (135g)	14

Sugar content of:

- cakes,
- biscuits, and ice-cream.

5g sugar = about 1 teaspoon of sugar or 1 sachet of sugar

Biscuits cakes and ice-cream	No of teaspoons of sugar (about)
3 Jaffa Cakes	4
3 Bourbon Creams	5
Chocolate Snack Bar (26g)	3
Average slice of chocolate cake	10½
Scoop of ice-cream	2½
Oreos (x 4 pack)	6
Raisins (small box 42g)	7½
Two Custard Creams	1 ½

Source:

Dr Dymphna Daly, Paediatric Dentist Galway, in association with Margaret O'Malley, Oral Health Promoter HSE West

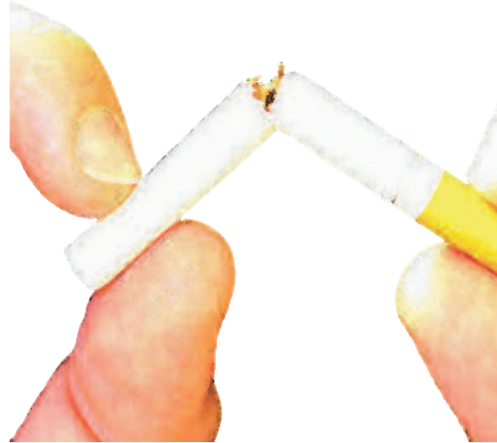
Resource 14: Salt

Food	Grams of salt per 100g unless stated otherwise	Food	Grams of salt per 100g unless stated otherwise
2 rashers each weighing 40g	1.87-2.0g	Sausages 100g	1.85g
Beef stock cube 100g (Oxo)	2.1g per cube	Vegetable stock cube (Quixo)	5.4g per cube
Soup packet, chicken noodle 100g	1.45g	Vegetable stock cube (Knorr)	4.5g per cube
Tomato sauce 100g	2.4g	Dolmio pasta sauces 100g	1.1g
Bisto gravy granules	1.06g per 100ml serving	Kellogg's Cornflakes 30g	0.5g
White slice of bread 100g	0.8-2.0g varies a lot between brands	Peanut butter 20g	0.35mg
Cheddar cheese 100g	2.4g	Ice cream 100g	0.16g
Canned salmon 100g	0.57g	Milk whole/skimmed	.02g
Bourbon Cream biscuit	0.3g per biscuit	Tayto crisps 25g	0.5g per 25g packet
Custard Cream biscuit	0.5g per biscuit	Bar of Dairy Milk Chocolate 28g	1.0g per bar

Source: Caroline Canny and Maria Brennan, PHC Co-ordinators, Co. Galway. Based on original packaging as detailed above.

Resource 15: What's in a cigarette?

Toluene - Industrial solvent
Carbon monoxide - Car exhaust
Cadium - Batteries
Arsenic - Rat poison
Ammonia - Toilet cleaner
Radon - Radioactive gas
Hexamine - Barbecue lighter
Methane - Sewer gas
Tar - Road surfaces
Acetone - Nail varnish remover
Nicotine - Pesticide
Polonium-210 - Radioactive element
Methanol - Rocket fuel
Hydrogen cyanide - Poison
Butane - Lighter fuel



What is in a cigarette?

The main ingredient in cigarettes is tobacco to which hundreds of chemical additives are introduced during the manufacturing process. Some 600 different additives are approved for use in the manufacture of cigarettes. These include:

- moisturisers to prolong shelf life; and
- sugars to make the smoke seem milder and easier to inhale such as chocolate, cinnamon and vanilla.

What is in cigarette smoke?

Tobacco smoke is made up of:

- sidestream smoke from the burning tip of the cigarette; and
- mainstream smoke that is inhaled by the smoker.

Many toxins are present in higher concentrations in sidestream smoke than in mainstream smoke due to the lower temperature at which the cigarette burns when not being smoked. Cigarette smoke contains more than 7,000 chemicals and compounds that are released into the air as particles and gases. Hundreds are toxic and at least **69 cause cancer**.



These chemicals include:

- **nicotine** – a deadly poison;
- **tar** – the collection of solid particles that smokers inhale when they light a cigarette;
- **carbon monoxide** – a colourless gas with no smell that is released from burning tobacco – it sticks to red blood cells in place of oxygen.

Other chemicals in cigarette smoke		
Cancer-causing chemicals	Toxic metals	Poison gases
Formaldehyde: used to embalm dead bodies.	Chromium: used to make steel.	Hydrogen cyanide: used in chemical weapons.
Benzene: found in gasoline.	Arsenic: used in pesticides.	Ammonia: used in household cleaners.
Polonium 210: radioactive and very toxic.	Lead: in the past was an ingredient in paint.	Butane: used in lighter fluid.
Vinyl chloride: used to make pipes.	Cadmium: used to make batteries.	Toluene: found in paint thinners.

Sources:

- US Department of Health and Human Services, CDC, Office on Smoking and Health, 2010. A Report of the Surgeon General: How Tobacco Smoke Causes Disease: What it means to us. Cited in HSE (2012) Brief Intervention for Smoking Cessation, Participant Resource.
- Irish Cancer Society 'What's in a Cigarette' available at www.cancer.ie/reduce-your-risk/smoking/health-risks/whats-in-cigarettes - sthash.4aYOoz2z.dpbs

Resource 16: The smokers' quiz (participants)

Please put a tick (✓) in either the true or false column		
	True ✓	False ✓
In Ireland, there are more smokers than non-smokers.		
On average 5,500 people die in Ireland from tobacco-related diseases each year.		
In Ireland, cigarette companies need to get 25 children to start smoking every day to keep their profit at the same level.		
1 in every 2 smokers will die from a tobacco-related disease.		
Light or low-tar cigarettes are less harmful.		
Smoking rates are higher in the Traveller community than they are in the rest of the population.		
Passive smoking is a term used to describe non-smokers who breathe in the cigarette smoke of other people.		
Smoking has no effect on fertility.		
The children of non-smokers are much less likely to smoke than the children of smokers.		
Children exposed to second-hand smoke are more likely to have asthma and bronchitis.		
There are 7,000 chemicals in cigarette smoke.		
Every cigarette a person smokes reduces their life by 11 minutes.		
Quitting smoking increases the good cholesterol in the body.		
People with mental health issues are more likely to use tobacco.		
Stopping smoking is the greatest single step a person can take to improve their health.		

Resource 17: Answers to the smokers' quiz (facilitators)

	True or false
<ul style="list-style-type: none"> In Ireland, there are more smokers than non-smokers. 	False: 25% of men and 21% of women in Ireland are smokers (HSE 2012).
<ul style="list-style-type: none"> On average 5,500 people die in Ireland from tobacco-related diseases each year. 	True
<ul style="list-style-type: none"> In Ireland, cigarette companies need to get 25 children to start smoking every day to keep their profit at the same level. 	False: The tobacco industry needs to recruit 50 children each day to maintain their profits (HSE 2012).
<ul style="list-style-type: none"> 1 in every 2 smokers will die from a tobacco-related disease. 	True
<ul style="list-style-type: none"> Light or low-tar cigarettes are less harmful. 	False
<ul style="list-style-type: none"> Smoking rates are higher in the Traveller community than they are in the rest of the population. 	<p>True: 52% of Travellers were current smokers, compared to 37% of the general population. (SLAN 2007). There was little difference in the smoking rates between men and women and most smokers smoked 20 or more cigarettes a day. The following are all related to higher levels of smoking in the community:</p> <ul style="list-style-type: none"> high levels of stress; the experience of discrimination; and poor mental health.
<ul style="list-style-type: none"> Passive smoking is a term used to describe non-smokers who breathe in the cigarette smoke of other people. 	True: This is the term applied to people who inhale other people's smoke – involuntary or passive smoking.

<ul style="list-style-type: none"> Smoking has no effect on fertility. 	<p>False: Smoking can reduce fertility and smoking during pregnancy can lead to:</p> <ul style="list-style-type: none"> miscarriage; still birth; and illness in young babies. <p>(Irish Cancer Society 2015)</p>
<ul style="list-style-type: none"> The children of non-smokers are much less likely to smoke than the children of smokers. 	<p>True: children of non-smokers are 50% less likely to start smoking.</p>
<ul style="list-style-type: none"> Children exposed to second-hand smoke are more likely to have asthma and bronchitis. 	<p>True: Children exposed to second-hand smoke are more likely to have:</p> <ul style="list-style-type: none"> asthma and bronchitis; respiratory infections; ear infections; bacterial meningitis; and sudden infant death syndrome (SIDS). <p>(HSE 2012)</p>
<ul style="list-style-type: none"> There are 7,000 chemicals in cigarette smoke. 	<p>True: cigarette smoke contains more than 7,000 chemicals and compounds that are released into the air as particles and gases. Hundreds are toxic and at least 69 cause cancer.</p>
<ul style="list-style-type: none"> Every cigarette a person smokes reduces their life by 11 minutes. 	<p>True</p>
<ul style="list-style-type: none"> Quitting smoking increases the good cholesterol in the body. 	<p>True</p>
<ul style="list-style-type: none"> People with mental health issues are more likely to use tobacco. 	<p>True</p>

<ul style="list-style-type: none"> • Stopping smoking is the greatest single step a person can take to improve their health. 	<p>True,</p> <ul style="list-style-type: none"> • Smoking is the biggest risk factor for Lung Cancer. • Smokers are more likely to have a stroke. <p>Smoking damages your heart by:</p> <ul style="list-style-type: none"> • increasing your heart rate, • introducing carbon monoxide in the blood, • increasing your risk of a blood clot, and • hardening and narrowing the arteries. <p>(Irish Cancer Society 2015)</p>
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Sources

- AITHS (2010)
- HSE (2012) Brief Intervention for Smoking Cessation, Participant Resource
- Irish Cancer Society, Health Risks for Smokers available at www.cancer.ie/reduce-your-risk

Resource 18: The benefits of quitting smoking

People who quit smoking reduce the chances that they will develop:

- heart disease,
- cancer,
- breathing problems, and
- infections.

People who quit smoking:

- live longer, and
- have more good years of health than those who continue to smoke.

After 8 hours

Carbon monoxide levels in your body start returning to normal and in a few days are the same as a non-smoker.

After 2 days

Your sense of taste and smell will improve.

After 4 days

Your breathing will be easier and your lung capacity increased.

After 2 weeks

Blood flows more easily to your arms and legs.

After 1 year

Risk of sudden death from heart attack is almost cut in half.

After 5 years

Risk of smoking-related cancers and stroke is greatly reduced.

Remember

- You will save money.
- Your smoking will no longer be a bad influence on your family.
- You will have more energy.
- You will find it much easier to take up exercise or to increase the amount of exercise you already take.



Resource 19: List of possible stressors

- Family.
- Friends.
- Work – employment or unemployment.
- Money.
- Poverty.
- Planning for a wedding, communion confirmation or any family event.
- School holidays.
- Death.
- Marriage breakup.
- Domestic abuse.
- Sickness or family illness.
- Drug or alcohol addiction.
- Poor self-confidence.

Resource 20: List of possible signs of stress

- Sleeping too much.
- Not sleeping enough.
- Feeling really tired.
- Headaches.
- High blood pressure.
- Neck ache.
- Constipation.
- Going to the toilet more than usual.
- Skin rashes.
- Thinking “I am useless”.
- Thinking “I cannot cope anymore”.
- Driving too fast.
- Shouting at the children.
- Watching lots of TV.
- Smoking.
- Drinking alcohol.
- Being angry.
- Keeping to oneself.

Resource 21: List of healthy ways of coping with stress

- Talking to family or friends.
- Asking for help.
- Sharing out jobs.
- Going for a walk.
- Eating well.
- Getting enough sleep.
- Having a laugh.
- Being easy on yourself.
- Saying 'No'.

[illegible]

